

Report

of the

Medical Officer of Health

City of Glasgow



1965

THE CORPORATION OF THE CITY OF GLASGOW

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1965

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PREFACE

The year has been one of steady improvement. There has been a continued decrease in the infant and neonatal mortality rates, and rickets has again all but disappeared. The incidence of pulmonary tuberculosis reached a new low level. The Department's new service for mental health was extended and the retraining of staff continued. The recruitment of medical staff has been adequate with the help of the Assisted Scheme for the Diploma in Public Health. The drive for clean air has continued unabated with one-third of the City becoming smoke-free by 1966. The Department's first experiment in presymptomatic screening—men over 45—has been completed.

The Registrar General's estimate of the City's population at 30th June, 1965, was 1,000,857, a decrease of 17,725 from the 1964 figure. The combined effect of a decrease in the number of births and an increase in the number of deaths was a much reduced Natural Increase (8,086), the smallest in ten years. In 1966 the population of the City fell below one million for the first time since 1912.

The number of births for the year decreased by 1,559 to 20,846, and the birth rate fell from 22.0 to 20.8 per 1,000. The number of illegitimate births (1,606) was 9 more than in 1964 when the rate increased from 7.1 to 7.7 per cent. From 1955 until 1961 the illegitimate birth rate has been between 4.7 and 5.4. From 1962 the rate climbed steadily until it has reached its present rate of 7.7. The illegitimate birth rate has been rising all over the country and reflects present day attitudes to the accepted moral code.

Although there were fewer marriages there was a small increase in the rate per 1,000 persons living, from 8.7 in 1964 to 8.8, the highest since 1961.

Deaths in 1965 were greater by 484, and the mortality rate which in 1964 had been the lowest in the previous ten years rose to 12.7. The increase was due mainly to deaths from vascular lesions, degenerative heart disease, respiratory disease and cancer in that order. There has been an increase in deaths from cancer of respiratory organs in females. Pulmonary tuberculosis deaths were one more than in 1964 and there was some reduction in deaths from violent causes.

In deaths from cancer, lung cancer continues to head the list. The numbers are still rising and will continue to rise for some time to come. With an "incubation period" of ten to twenty years there

are many cigarette smokers already doomed but there are many more others who can yet save themselves by stopping smoking now as the initial stages of the disease are reversible.

At Whitsunday, 1965, there were 326,082 houses in the City, of which 318,499 were occupied. The decrease of 1,817 in occupied houses was offset by an increase of 1,286 in the unoccupied. Two-apartment houses formed the largest proportion in each.

MATERNAL AND CHILD CARE.

For the first time the infant mortality rate for the City has fallen to 28·1 as compared with 28·6 in 1964. The neonatal mortality rate was 17·8 compared with 18·4 in the previous year, the lowest figure so far obtained but still above the Scottish rate of 15·9. Of the 586 deaths of children under one year of age 328 died in the first week of life. The stillbirth rate—the rate per 1,000 live and stillbirths—was 20·3 compared with 19·5 in 1964. The principal causes of stillbirth were again congenital abnormality, conditions associated with the cord and placenta and antepartum haemorrhage. The perinatal mortality was 36, the same figure as for 1964, which compares with 31·5 for Scotland as a whole.

Mortality among toddlers was 84, ten more than in 1964. The most common cause of death in this age group is accident and violence. The number of deaths from this cause was 25, six less than in 1964. Violence is now the major cause of death of children of pre-school age, and male deaths are usually at least twice as many as female. In 1965 they were four times—20 as against five female deaths.

The improvement in the infant mortality rate has been accompanied by a rise in the morbidity rate in children under one year. In previous years some of those children may well have been born dead. Now with all the facilities of medical science many of these children are born alive giving rise to an increasing number of handicapped children.

The reappearance of rickets in Glasgow in previous years gave rise to considerable anxiety but it is satisfactory to report that the increase appears to have been arrested.

Reference was made last year to a dietary survey, organised by the Scottish Home and Health Department and under the direction of Dr. Gavin C. Arneil, being carried out in a number of representative areas in Scotland to find out if nutritional defects similar to those in Glasgow existed elsewhere. The report of this investigation is not

yet available, but it was preceded by an investigation into malnutrition in Glasgow taking the wards of Springburn and Bridgeton, and a second survey was carried out in the Gorbals from the Florence Street Clinic. The results of these investigations have been reported in the "Scottish Medical Journal" for December, 1965*. They showed the high proportion of Glasgow children suffering from anaemia and brought to light a number of children with signs of rickets in the six months to two years age group. The investigation threw light on the dietary habits and the early dependence on cow's milk and cereals. Some of the cases of rickets received cow's milk as early as the first month of life and mixed feeding at three months without fortified cereals. There appeared to be an infant feeding swing from milk to early mixed feeding with cereals being given and stopped earlier. It was already noted that the uptake of cod liver oil had fallen to a low level.

As the result of these investigations by the medical staff of the Department of Child Health at the University and of the Health and Welfare Department there was a city-wide campaign to persuade mothers to use only dried milk throughout the infant's first year of life and to give vitamin A and D supplements either as cod liver oil compound or one of the multiple vitamin syrups which were available at the clinics.

During 1965 only two City children, both aged $2\frac{1}{2}$ years, were found to have rickets compared with 38 in the previous year. There were also three immigrant children, two in the same age group and one an adolescent.

It is too soon to say that rickets has been controlled and it is not unlikely that further attention must be given to the nutritional requirements of young children.

In view of these nutritional problems it seemed advisable to consider the possibility of creating in Glasgow a research unit for the more detailed investigation of child health and development. With the help of the Scottish Hospitals Endowment Research Trust Professor J. H. Hutchison, Professor of Child Health, and the Medical Officer of Health were able to set up a Social Paediatric Research Unit. The purpose of such a unit is to examine the particular problems and difficulties that Glasgow presents in relation to the incidence and morbidity in infancy and childhood. The unit is located in the Health and Welfare Department and commenced work in March, 1966.

* Malnutrition in Glasgow Children by Gavin C. Arneil and others—
"Scottish Medical Journal," December, 1965.

For some years now the general hospitals have supplied us with particulars of the number of persons admitted on account of home accidents, and more detailed information supplied on cases of burns and scalds in children under fifteen years of age. Part of this information will be found in the School Health Section of the Report but that dealing with children under five is included in Maternity and Child Welfare.

Of the children under five years of age, 388 were taken to hospital suffering from burns and 525 from scalds. The principal causes of burns were unguarded or inadequately guarded coal or electric fires or contact with hot metal or fluids. A considerable number of these accidents involving the lack of guards occurred when the guard was temporarily removed during refuelling of the fire. This procedure is not necessary with the correct type of guard. Most scalds were caused by the upsetting of cups of tea or cups being placed on low tables or a cover being allowed to hang over the table edge. Several nasty scalds occurred when the child pulled on a dangling flex of an electric kettle filled with boiling water.

Progress has been made with the new combined Maternity and Child Welfare and School Health Service Clinic with day nursery in the Pollokshaws Redevelopment Area. This unit will replace the Maternity and Child Welfare and School Health Service Clinics in Harriet Street and the Greenbank Street Day Nursery. It is expected to be open in the autumn of 1966.

The clinic held in the Royal Hospital for Sick Children was closed in December, 1965, on the removal of the patients and staff to Oakbank Hospital. There are now 47 antenatal, 28 postnatal, 18 consultative, 104 child welfare and 2 ultra-violet ray treatment sessions each week. In addition four Child Welfare Clinics for infants under one year of age are held weekly in the Royal Maternity and Women's Hospital.

The concept and scope of child welfare have altered radically during the past few years. It has become a much more specialised service and has increased in depth with greater attention being paid to the normal development of the infant and young child and to the early detection of any deviation. To carry out this work effectively specialised training is required, much of which is now achieved as in-service training. Child Welfare Medical Officers in turn attend post-graduate courses of training in child development, child psychiatry and mental deficiency and other more specialised refresher courses for experienced members of the staff. That the service is appreciated by the public is reflected in the large number of mothers who choose to attend Child Welfare Clinics throughout the City.

The register of children "at risk" continues to be maintained. These are the children who have experienced unfavourable conditions in the antenatal, perinatal or postnatal period and are thus considered to be at greater risk of developing a handicapping condition than children without such a history. For some years now a register of handicapped children has been maintained, i.e., children suffering from disabilities likely to require specific medical, educational and social facilities. Some congenital abnormalities can be treated adequately at an early stage and cease to require special measures.

There is a steady flow of new patients to the child development centres at Glenfarg Street and Balvicar Street. Children are seen by appointment made by the health visitor as this initial contact is important in establishing a relationship with the family and in alleviating their anxiety to some extent before the child is seen at the centre. If the patient should already be attending a hospital out-patient department communication is established and an interchange of reports can take place. The centres are fortunate in having the co-operation of consultants who visit on a sessional basis to see selected cases.

The health visitor training centre continued during the year with 42 students. Of this number 30 were assisted by the Glasgow Corporation and given a maintenance allowance while training equal to three-quarters of the minimum health visitor's salary. The remaining students were either sponsored by other local authorities or enrolled for an integrated course of training for district nurses or health visitors. All the students were successful in the final examination which was conducted for the last time by the Royal Sanitary Association of Scotland prior to the introduction of the new syllabus of the Council for the Training of Health Visitors, in September, 1965.

Under the new nurse training rules student nurses during their general training must have three weeks' experience in public health. Theoretical training is given in a Regional Hospital Board School by the Departmental Staff and practical work is arranged in co-operation with the various branches of the Health and Welfare Department. The organisation of these courses is carried out by the tutorial staff of the Health Visitor Training School.

The number of registered midwives practising in the City was 129. Of these 80 were full-time domiciliary midwives in the service of the Corporation and 12 part-time. Included in this number are the Chief Supervisor and the nine Assistant Supervisors. A Supervisor is always on duty day and night to deal with emergency calls and/or arrange for admission to hospital.

During the year the municipal midwives attended 2,864 cases paying 30,998 antenatal visits and 40,811 during the puerperium, while the Queen's nurses attended 725 cases, to whom they paid 19,814 visits. There was a marked decrease in the number of cases attended both by municipal midwives and by Queen's nurses.

SCHOOL HEALTH SERVICE.

With the Corporation's Assisted D.P.H. Course medical staffing difficulties have been considerably eased. Full establishment was reached in 1965 but owing to resignations we are again below full strength.

A marked improvement has taken place in the ear, nose and throat services on the south of the river. With the help of the consultant in charge the waiting lists have now almost been cleared. The specialist clinic at Florence Street has become one of the recognised routine out-patient units of the Victoria Infirmary, and the reduction of the waiting list for tonsil and adenoid operations has allowed the problem of the chronic ear to be tackled. It is to be regretted that the situation north of the river remains as unsatisfactory as ever.

Few children are regarded as being partially sighted because of myopia and yet pre-war this was by far the commonest cause. An improvement in vision testing has been made possible by the use of rapid screening apparatus which selects those children with refraction errors requiring detailed examination.

This year the services of a consultant neurologist became available to the School Health Service, and electroencephalographic services will be established shortly. This service is necessary as the problem of the "soft" neurological lesion is coming more and more into prominence. The recognition of minor neurological defects in the clumsy and the slow or non-speaking child helps to separate the children with specific "parietal" disorders from the general population of the educationally retarded. The dull or backward child may be so because of frequent absences or frequent changes of school or teacher. The over ambitious parent may cause anxiety in the child and educational resistance may be the result. Differentiation must be made between the dull and the handicapped child. It is not easy for any parent to accept the fact that his child is mentally handicapped and hence sympathetic understanding and counsel are important. As it becomes increasingly evident that learning and behaviour problems may have their origin in organic lesions related to obstetric or genetic factors,

damage caused by early injury or infection, it is clearly advisable that all cases should be medically examined at an early age.

The special scheme of health education begun in 1960 continues in a steadily increasing dimension. In addition to the school health visitors who continue with their enthusiasm and interest to occupy a large place in the scheme some 20 doctors have been employed on a part-time basis specifically for health education. Many of these are married women doctors who learn quickly what is required for this type of discussion group teaching and bring to it their own experience in the needs of children and young people.

In addition to health education being provided for primary and secondary schools it has also been extended to schools for mentally handicapped pupils, to approved schools and to a number of further education colleges.

This year has been noteworthy for the increase in the number and depth of the content of talks given to adult groups by the staff of the School Health Service. Talks were given to young mothers' fellowships, women's guilds, to mothers of senior girls bewildered by the behaviour of their growing daughters and to parent-teacher associations and others.

For the first time health education classes have been arranged for five and six year olds in the infant department, and with the coming of the Education Television Service, a programme of ten lessons for children in this age group has been prepared.

The consultant heart specialist reports that fewer children with significant organic heart disease are being discovered, although there is an increasing awareness of the number of cases of congenital heart disease. The acquisition of an electrocardiograph has been of great assistance in reducing the travelling time of children to hospitals.

Further efforts have been made to detect the child with hearing loss and help him minimise the effects of the handicap. It is not sufficient to supply a deafened child with a hearing aid without ensuring that he is afforded all ancillary help in establishing and promoting language development. He has therefore to be trained educationally and socially in order that he may fit acceptable adult standards. The excellent co-operation between the speech reading unit, audiology unit, child guidance clinics, speech therapists and teaching staff has continued.

A few children have been directed to the aphasia class where children with speech difficulties are assembled and work under the expert guidance of teaching and speech therapy staff.

Diphtheria, tetanus and polio immunisation campaigns have been continued during the year. In all some 65,000 doses of diphtheria and tetanus and tetanus antigen have been given and in addition 25,000 doses of oral polio vaccine. A special effort is made to ensure that all children at ages five and six are given the opportunity of completing or having reinforced their earlier protection.

As a follow-up to the West of Scotland Dental Health Campaign held in 1964 a modified dental health month was held in March, 1965. During this period talks were given by dental auxiliaries to all five, twelve, thirteen and fourteen year olds, a total of about 75,000 children. The "Happy Smile" Club was continued for the new intakes of five year old children, with badges for those who successfully completed teeth cleaning record cards; 23,000 children joined the club.

It has been found that after these campaigns the children know all the rules of dental health and that they do in fact show an over all improvement in oral hygiene and eating habits. In order to establish a permanent change repeated encouragement and persuasion will be required. Dental hygiene campaigns, however, will not alter fundamentally the unsatisfactory nature of Glasgow children's teeth.

In addition to the Courses on Mental Deficiency and Introduction to Psychiatry the medical staff also attended courses arranged by the ear, nose and throat consultant and the consultant ophthalmologist. A course was arranged by the Principal of the Jordanhill College of Education on teaching methods for medical and health visiting staff.

PRESYMPTOMATIC DETECTION OF DISEASE

The possibility of detecting disease at its earliest possible stage, and perhaps even before the patient appreciates there is anything wrong, has been the object of both the Maternity and Child Welfare and School Health Services. In recent years in the field of what has been called presymptomatic detection of disease widescale investigations have been carried out in screening tests for diabetes. In women cervical cytology is one of the outstanding examples of early detection. In men the likelihood of abnormalities being detected by screening tests increases with age, and after the age of 45 the chance of illness and death increases with every decade. Men of 45 therefore are entering an "at risk" period, the period when there is a greater proportion of illness which if caught at an early stage may well alter their future.

The possibility of a pilot experiment in the presymptomatic detection of disease in men over 45 was investigated, and it was decided to hold such an experiment during the nine days of the Glasgow Fair. The results of this experiment are contained in the body of the Report.

HEALTH EDUCATION.

Health education activities expanded during the year. The Poliomyelitis Campaign in the spring was directed at mothers of children between six months and three years. Strong support was given by the press, television and radio, and posters were displayed on Corporation vehicles, Corporation premises and elsewhere.

The Glasgow Home Safety Committee were greatly concerned with the increase in the number of home accidents due to poisonous drugs, particularly those involving children under five years of age. The Health and Welfare Committee therefore agreed to mount a campaign in February, 1966, with the full backing of the pharmaceutical organisations—the Scottish Pharmaceutical Federation and the Pharmaceutical Society of Great Britain. The campaign would be an endeavour to persuade individual members of the public to take stock of the drugs and medicines in their home and return those no longer required to the nearest chemist who would arrange to have them destroyed.

In March a Dental Health Campaign appealing to primary school children was launched as a follow-up to the 1964 "Happy Smile" Campaign.

The Health Education Officer took part in a panel to prepare programmes for school television for transmission to the infant departments. The techniques of television presentation and the content of the programmes were considered in detail.

HOME HELP SERVICE.

The Service has been greatly appreciated by those who have had the benefit of it and in consequence it is now widely known and in great demand. Despite the increase in staff from 368 in 1948 to 1,798 in 1964 and 1,818 in 1965 the number of home helps is still inadequate to satisfy the demand. Of the 1,818 helps employed, 424 are on a whole-time and 1,394 on a part-time basis. The heavy demand from the elderly chronic sick continues and most of the part-time helps have two cases for two hours each and the full-time helps three cases. There are 26 helps engaged on tuberculosis cases. Of the 8,900 cases assisted during the year, 1,709 were maternity, 7,089 general, etc., and 102 tuberculosis.

A night sitter service for cancer patients reaching the terminal stage of their illness came into operation on 1st November, 1962. This service was initiated at the request of the Marie Curie Memorial Foundation and financed from Foundation funds. A night sitter service is also available for patients suffering from other conditions.

HOME NURSING SERVICE

During the year the Home Nursing Service staff paid 314,559 visits. The number of staff has increased to 169, and permission has been granted to increase the total of fully trained staff to 180 and of state-enrolled nurses to 20. Approval has also been given for the purchase of six cars to improve mobility and an increase in the number of portable hoists available.

In discussions with Professor Ferguson Anderson, Consultant Geriatrician, it was clear that much of the work carried out in hospital for the elderly patients was liable to go for nothing if the patient returned home without provision for after-care. It was decided, therefore to arrange for a district nurse to be attached to the Professor's unit in order to keep continuous contact between the patient, the unit and the patient's own doctor. This service has been most valuable and has now been extended to all except one of the geriatric units in the City. The liaison nurse keeps her colleagues on the district informed and in turn the district nurse is able to report on any imminent deterioration of a patient at home.

INFECTIOUS DISEASES.

The incidence of infectious diseases in 1965 was low and the total number of cases registered 3,500 fewer than in 1964. This is by far the lowest total recorded since pneumonia and dysentery first became notifiable in 1919.

The immunisation centre in the Health and Welfare Department provides intending travellers from the West of Scotland with immunisation against yellow fever and certain other infectious diseases likely to be met with in a foreign country. During 1965, 3,450 travellers were inoculated against yellow fever. In addition, 1,122 inoculations were given against smallpox, cholera, tetanus, typhus and enteric fever. As in previous years, as a matter of convenience where crews of large ships are concerned, it is customary to offer vaccination against yellow fever on board ship.

There were no cases of typhoid but 41 of paratyphoid. Some of these latter cases were associated with a milk outbreak of paratyphoid B in the Fylde District of Blackpool. The milk was unpasteurised. The other cases registered were of a sporadic nature.

The list of chronic carriers of enteric infection has been brought up to date and continued supervision maintained.

The number of notifications of dysentery fell from 2,584 in 1964 to 2,104. Both Flexner and Sonne types were present in the City. There were two deaths, a frail elderly woman and a female child aged two weeks.

There was only one recognised case of undulant fever due to *brucellus abortus*. While the patient had been in Caithness he had drunk unpasteurised milk derived from a tuberculin tested herd and on general sale to the public.

The number of cases of food poisoning notified to the Department during the year was 212, a decrease from the high level of 1964. There was a community outbreak in the month of February involving 22 persons. The cause of the outbreak remained unknown as there was no left-over food to be examined, but it was suspected that it was due to turkey which had been cooked the previous day, cut on the day of the function and quickly reheated. This practice has been known to be associated with outbreaks of food poisoning. There was a second community outbreak in October, and again the material suspected was meat which had been cooked the previous day but cut and served cold. Bacteriological examination revealed the presence of *Cl. welchii* and the same organism was revealed in 12 of the 22 persons involved. It is clearly the duty of all who are in charge of catering establishments to ensure that their staff are aware of the dangers caused by faulty hygiene and poor catering practice and to instil into them the fundamental facts regarding hygiene and infection. The majority of family and sporadic cases were caused by salmonella infection, the dominant organism being *S.typhimurium*. There were no deaths from food poisoning during the year.

The number of cases of scarlet fever notified decreased to 240, the lowest number yet recorded. There have been no deaths from this disease since 1956.

There have been no cases of diphtheria in Glasgow since 1956 with the exception of one fatal imported case in 1964. There have been no deaths since 1954.

There has been no case of poliomyelitis in the City during the past three years. There have, however, been a number of cases of virus meningitis (lymphocytic or aseptic meningitis). In all there were 69 cases admitted to hospital. The three main viruses involved were the Mumps virus, the Coxsackie virus and the ECHO virus. The positive identification of the different types and strains of very closely related viruses was due to the improved techniques and the work of the Virological Department at Ruchill Hospital.

The possibility of the return of poliomyelitis makes it essential to maintain a high level of protection, particularly in young children who are most vulnerable to this disease. As in previous years, special measures were taken in April, May and June to increase the number of children vaccinated. By the end of 1965, however, the situation was such that it was necessary to mount a massive campaign during the first half of 1966 to protect children between six months and four years.

Over the whole City 571,484 persons have been fully vaccinated against poliomyelitis and 156,577 persons (mainly children entering school) have received a reinforcing dose of vaccine.

Measles is not notifiable in Scotland and cases are registered mainly on information received from head teachers and attendance officers. The figures therefore are incomplete but give a reasonably accurate picture of the incidence in the school age group. There were 1,332 cases, a decrease on previous years. There were no deaths.

Rubella (German measles) is not notifiable and the incidence must be much higher than the number of persons registered during the year—35. The illness itself is usually trivial and its importance is due only to the high incidence of foetal damage which occurs when women develop the disease during the first three months of pregnancy. It is estimated that 10 per cent. of the children thus born suffer a congenital abnormality, the main defects being congenital heart disease, cataract and deafness.

There was a further decrease in the incidence of whooping cough, 459 cases in 1965 compared with 751 in 1964. There were no deaths and there have been none in four out of the five past years.

Anthrax became notifiable in 1960 and there were two cases in 1965, both skin lesions. One case, a tannery worker, had multiple lesions on hand, arm, shoulder and chest wall, giving rise to considerable

oedema which persisted for several months with some loss of power in the right hand. This was an unusual case in view of the multiple lesions instead of the normal single malignant pustule.

There was one case of Weil's disease during the year, a boy of sixteen who stated that there were rats present at his place of employment. There were four cases of leptospiral canicola. This infection is usually associated with dogs and pigs. One case was a piggery worker ; the other three were associated with dogs.

There was no significant outbreak of influenza during the year, although viruses A, B and C were isolated. There were 17 deaths.

There were 2,121 cases of primary pneumonia and 5 cases of influenzal pneumonia notified, a decrease on the figures for the previous year. Some 90 per cent. of the cases notified were treated in hospital. The notifications largely reflect the request for hospital treatment.

There were 533 deaths from primary pneumonia and 17 from influenza and influenzal pneumonia. The number of deaths from bronchitis has tended to increase steadily over the past ten years. The figure for 1965 was 814, which compares with 808 in 1964 and 946 in 1963. Deaths from respiratory disease are associated with general atmospheric and weather conditions. It is unlikely that the Corporation's efforts to make the City smoke-free have yet influenced the death rate from respiratory disease. While the degree of atmospheric pollution may well be a deciding factor on the time of death cigarette smoking is an important factor in the aetiology of this disease. The death rate per 100,000 from pneumonia in Glasgow is about average for most of the big cities in Britain. In bronchitis, however, the Scottish and the Glasgow death rates are usually well below those ruling in the English cities.

There is some evidence that mycoplasma pneumoniae may occasionally be the cause of pneumonia. The mycoplasmas form a group of micro-organisms which distinguish them from viruses on the one hand and bacteria on the other. They are resistant to penicillin but sensitive to a number of antibiotics. During 1965 some increase in the serological diagnosis of infection with mycoplasma pneumonia was noted in the weekly reports of the laboratories of the Western Region.

TUBERCULOSIS.

There were 721 cases of pulmonary tuberculosis notified in 1965 compared with 814 in 1964 and 863 in 1963. The reduction of 93

(46 male and 47 female) represents a decrease of 11·4 per cent. compared with 1964. The number of new cases of pulmonary tuberculosis in females is now less than half that in males. The improvement in both sexes continues to be in the younger age group and men above middle age are now firmly established as a high risk group.

There were 27 new cases of pulmonary tuberculosis among Commonwealth immigrants, 15 from Pakistan, 7 from India, 4 from Hong Kong, and 1 from West Africa; 20 were men and 7 women. Only 3 had been less than six months in the country.

There were 140 deaths from pulmonary tuberculosis, one more than in 1964, giving a death rate of 14 per 100,000. Again the older men account for a high proportion of these deaths. While the case rate of pulmonary tuberculosis in Glasgow is double that in most other large cities the death rate is three to four times that elsewhere. We are still therefore lagging far behind other cities.

Pulmonary tuberculosis is still a disease to be reckoned with in Glasgow and unless intensive efforts are made it may be years before it is eradicated. It is to be regretted therefore that the post of Chief Area Supervising Chest Physician to the Western Regional Hospital Board for Glasgow has not been filled following the retiral of Dr. Geddes.

The number of cases of non-pulmonary tuberculosis decreased to 104, 31 fewer than in 1964. Included in the figures were two cases of tuberculous meningitis, both over five years of age. Tuberculous meningitis is now a rare disease its disappearance not unassociated with the continued vaccination of more than half the new-born children in Glasgow.

There were 8 deaths from non-pulmonary tuberculosis compared with 9 in 1964.

The vaccination of school leavers with B.C.G. continues and a further effort was made to secure a high level of parental consent. Out of a total of 15,729 school children consent was obtained in 96·6 per cent., the highest so far achieved. The percentage of negative reactors was 80·3 per cent. compared with 83·5 per cent. in 1964 and 83·0 per cent. in 1963. For the first time the trend has been reversed and the positive reactors in 1965 formed 19·7 per cent. of the age group. This was not unexpected. Large scale infant vaccination was begun in 1952, and many of these children are now included in the 13 year old age group for 1965. On this occasion parents were asked to state whether the scholar had had B.C.G. and a detailed sample of some

2,776 children was made. On the basis of this sample tuberculous infection in unvaccinated 13 year-olds in Glasgow is of the order of 3 per cent.

The B.C.G. campaign reflected the usual high standard of ability shown by the teams of medical officers, health visitors and clerkesses, and was again matched by the courtesy and co-operation of the Education Department and the teaching staffs which played a large part in the successful operation of the scheme.

An effort was made to seek out infection by extending the scope of the school B.C.G. campaign. Children who gave a positive skin test reaction and therefore were at greater risk of developing disease were given the opportunity of attending for X-ray examination and particular attention was given to children with a reaction greater than 25 mm. in diameter. These latter amounted to 431 of the 2,827 positive reactors.

The total number of vaccinations of new-born infants during the year was 12,794, a further increase on previous years.

VENEREAL DISEASE.

The report on venereal disease has been supplied by Dr. C. B. S. Schofield, Regional Consultant in Venereology to the Western Regional Hospital Board.

The number of new patients attending the venereal diseases clinics has continued to rise. In 1965 there were 5,089 compared to 4,846 in 1964.

Once again fewer patients were discharged as a consequence of the policy of requiring patients to attend for three months from the time of infection before they are dismissed and there was a consequent increase in numbers defaulting. The large numbers of patients carried over to 1966 are in part due to a relatively large number of new patients who attended during the last quarter of 1965. The number of new male patients has continued to increase but the number of female patients is rising rapidly.

With regard to males, the number of those attending with gonorrhoea continues to fall while those suffering from non-specific urethritis continue to increase. The increase in numbers attending with "other venereal conditions" is balanced by a drop in patients with "no venereal disease" which reflects the policy of listing the former patients under "venereal conditions."

The number of new cases of acute syphilis in males was 6 compared to 25 in the previous year, and in females 5 compared to 10 in the previous year.

The number of cases of acute gonorrhoea in males was 1,042, a decrease of 158, and in females 276, an increase of 9. The number of new cases in females between the ages of 15 and 19 years of age increased by 12 to 61.

There have been no cases of congenital syphilis in children under one year in the past seven years, and two aged between one and four years. In 1965 a child of 18 months old was found to be suffering from congenital syphilis, unfortunately due to the fact that an ante-natal blood test for syphilis was not carried out.

There was an increase in non-specific urethritis in males and trichomonas infections in females.

MENTAL HEALTH.

The Scottish Home and Health Department in Circular No. 4 65 invited local authorities to set up committees representative of all branches of the services for the mentally disordered. Towards the end of the year the senior psychiatrists of the principal hospitals serving the City were invited to join with the Medical Officer of Health in discussing the future requirements of the service and further meetings have taken place during 1966.

The Child Development Centre at Balvicar Street and the Special Day Nursery have completed their first full year of operation. The Broomhill Centre which provides for the under fives and over fives excluded from school was finally opened in November, 1965. Even after the opening there was some delay in admitting the older age group because of the lack of a safe service road passing through a housing project in the course of erection. This situation has now been rectified.

The last Course in Mental Health for Health Visitors took place in the first six months of 1965. The Glasgow University were unable to continue the course owing to pressure on the School of Social Study. Discussions have been held with the Department of Administration University of Strathclyde and it is likely that the course will reopen in 1967.

The training of medical officers in mental health continues with six medical officers attending the three-week Course in Mental Deficiency and six the Introduction to Psychiatry.

In addition to the Department's two special day nurseries the Scottish Society for Mentally Handicapped Children continue to run their long established centre at Laurieston House. The Society cater for all grades of handicap down to the most helpless and including the most active and unmanageable.

The after-care of the mentally ill carried out by the health visitors has continued and by 1965, 19 specially trained health visitors have been engaged in this work. The number of defectives under guardianship and in formal care was reduced from 487 to 413. The number of mental defectives receiving informal care increased from 638 to 695.

The Department make available premises at the Orr Street Clinic for a social club for psychiatric patients from the Eastern District Hospital. A similar club for Woodilee Hospital has been running for several years in another clinic.

BLIND PERSONS.

At the Regional Certifying Clinic 852 persons were examined for the first time and 499 re-examined. Of the number examined for the first time 58.3 per cent. were certified blind and 28.8 per cent. partially sighted. Of the 852 persons first examined in 1965, 37.0 per cent. resided in Glasgow and 22.8 per cent. in Lanarkshire. Of those re-examined 48.7 per cent. resided in Glasgow and 18.2 per cent. in Lanarkshire.

The principal causes of blindness were primary cataract and arteriosclerotic disease followed by glaucoma, myopia and diabetes.

PORT HEALTH AUTHORITY.

During the year 4,623 ships with an aggregate tonnage of 6,986,354 entered the port. Of this total 1,506 vessels with an aggregate tonnage of 4,679,014 came from foreign ports, 627 of them from infected areas.

There was no case of plague, cholera, yellow fever, smallpox or typhus in any of the vessels entering the area. Cases of minor sickness included chickenpox, dysentery and pneumonia.

Samples of drinking water were taken from ships and dockside water points and examined by the City Analyst. A special request was received to test the water supply at Rothesay Dock, Clydebank. All pipe lines and hydrants were flushed out prior to sampling. The initial samples were reported as unsatisfactory on account of the

presence of iron in solution. Further scouring and flushing of the pipe lines was carried out and all hydrant boxes cleaned before the final samples were taken which were satisfactory.

Under the Public Health (Scotland) Act, 1897, 13 intimations were issued to masters of ships in the dock area and 172 verbal warnings to ships' officers in respect of defects and nuisances discovered during inspection.

Recently complaints have been received that dust particles from the granary at Meadowside Quay have been carried by the wind to near by food premises and dwelling houses. An intimation under the Public Health (Scotland) Act, 1897, was sent to the Clyde Port Authority as owners of the granary and constructional engineers are investigating.

The control of rat infestation in ships and on the dockside continues to be an important duty of the Port Health Authority. The total number of Deratting and Deratting Exemption Certificates issued during the year was 365. Rat searchers made 3,470 visits to ships in the port and 5,067 visits to premises in the dock area. All the rats destroyed on board ship and in the quayside sheds and other premises within the dock areas were *R. rattus*—the black rat.

Shipments of goatskins and bone grist, etc., principally from India and South America, are constantly checked for *Bacillus anthracis*. Information regarding the 12 positive samples was reported immediately to H.M. Inspector of Factories and other parties concerned.

During the year a total of 938,842 tons of foodstuffs were landed at the docks. There was an increase of over 176,000 tons during the year mainly due to the large consignments of grain arriving at the granary at Meadowside. Imports of egg albumen still require careful scrutiny whether coming from America, China, or Australia.

HOUSING.

The number of houses provided by the Corporation and the Scottish Special Housing Association since the beginning of local authority operations amounts to 133,149. The number constructed during the year was 4,760 compared with 4,790 in 1964 and 3,492 in 1963.

The clearance of slum dwellings continues by the representation of houses for closing and demolition, and during 1965, 2,079 dwellings were represented as unfit. During the past ten years 19,323 houses have been closed or demolished and to these have to be added houses condemned as dangerous by the Master of Works, houses closed voluntarily by the owners and houses cleared as the result of redevelopment.

During the year 44 tuberculous families were recommended for rehousing and 32 families rehoused, leaving 54 families to be dealt with. The secondary priority scheme continues to absorb a large amount of available staff time. Only a small number of the total applications for special attention can expect to receive the support of the Department.

The concentration on the production of houses has tended to leave to a later date the addition of such amenities as would make the large housing areas into communities. The delays that must of necessity occur have left these housing areas in the evenings a dark desert, dimly lit streets and open spaces without any signs of stir, nothing to suggest to young people that the area is alive. To some extent the situation is worse at the beginning, but as the years go by young people who have been the fractious element grow up, become married and have families of their own. While this evolution can be expected to take place in all new areas there is the period of time during which life in a new housing estate can become disturbed and disturbing. The churches are early on the scene as are the schools, but the town centres and community centres are late of development. One is left to ponder on the comparative value to the City of the provision of community facilities at an earlier period in the life of these housing schemes as an alternative to the delay in the construction of a few hundred houses.

The Department's disinfection unit has now been in operation for twenty years. Originally it was created to combat the invasion of old and new properties by the bed bug, but now it deals with all types of infestation. The number of apartments treated for bug infestation has been reduced to a very low level. It is still, however, the practice to examine all unfit houses from which families are to be rehoused to ensure that infestation is not carried to the new properties.

An important part of the unit's work is the inspection and treatment of properties for spider beetles, plaster or fungus beetles, earwigs and dermatitis beetles. As most of the complaints come from new housing schemes on the outskirts these investigations take up a great amount of time. The unit is frequently invited to take action to eradicate cockroaches in hotels and bakeries.

The identification of insects of various kinds is a part of the work which has greatly increased, probably due to the public becoming more insect conscious or less reluctant to report infestations in their homes. In response to appeals 40 wasps' nests either at or in close proximity to houses, schools, nurseries, etc., were successfully dealt with.

During the months of May to October two additional operators were employed for fly control, and during 1965 over 4,000 treatments have been given to ashbin shelters, stables and piggeries.

Since the unit came into operation special work has been carried out in the use of chemicals which have a remarkable residual effect, such as D.D.T. and Gammexane. Many new insecticides arrive on the market and experiments are continuously carried out to compare their efficiency with the standard insecticides.

THE CITY LABORATORY.

Included in the Report is a section on the work of the City Laboratory by its Director, Dr. T. F. Elias-Jones. The City Laboratory is under the administration of the Western Regional Hospital Board.

The total number of examinations completed during the year was 174,693, an increase of 7 per cent. as compared with 1964. This number compares with a total of 122,136 examinations conducted during 1962, the year in which the Laboratory was transferred to the Board.

C. diphtheriae was not encountered in the 511 nose and throat swabs examined. *Strep. pyogenes* was likewise less active, and of the 164 strains isolated 37 were resistant to tetracycline, a broad spectrum antibiotic. Greater discrimination in antibiotic therapy is required and can be provided by the Laboratory.

The number of specimens submitted for investigation of possible enteric infection amounted to 1,396. *S. typhi* was isolated only once from a known carrier, but 40 individuals were found to be excreting *S. paratyphi B*. Among the latter were 20 whose infection could be definitely linked with the Fylde (Blackpool) epidemic in August. All were infected with *S. paratyphi B* Type 3b var. 6, which was the phage-type of the strain responsible for the outbreak.

Search for the cause of food poisoning thought to have been due to salmonellae resulted in 8,641 specimens being examined in place of 5,393 in 1964. Positive results were obtained from only 129, representing 59 new cases. *S. typhimurium* as usual heads the list of positive results.

There were also submitted 95 samples of foodstuffs suspected of causing food poisoning.

Staph. aureus was isolated from 12 out of 23 samples, *Cl. welchii* from one out of 17 samples, but no salmonella was found in 55 food samples.

The number of isolations of dysentery bacillus in new cases was 1,130 compared with 1,360 in 1964. Of this total *Sh. sonnei* was responsible for 68.7 per cent. and *Sh. flexneri*, including the newcastle/manchester type, for 31.3. A total of 16,394 specimens were examined compared with 21,751 in 1964.

The standard screening tests for syphilis were performed on 18,395 blood specimens, 11,083 of these being routine specimens from pregnant women. In this latter group 15 cases gave a positive result in one or both tests and at least 10 were shown by fuller investigation to be "biological false positives."

There was a further increase to 7,321 in the number of exudates sent for the diagnosis of gonorrhoea, and 1,111 were found positive on culture. The positive culture rate is almost double that of the previous year, but this can be accounted for by the now standard practice for the clinics to corroborate the diagnosis by cultural means in all cases.

Clinical pathological work was on the same level as in the previous year with 68,000 investigations in all. There was a marked increase in the number of specimens of urine for quantitative bacterial cultures and a continued demand for the *in vitro* test for pregnancy and for blood tests.

Investigations into the City's milk supply continued. Certified milk and Tuberculin Tested milk, both raw milks, failed to reach a satisfactory high standard as did also milk from the "Whirlcool" type of dispenser. Only 46.4 per cent. of the samples from the latter appliance complied with the standard for Pasteurised milk.

Reference is made to a special investigation conducted during the first quarter of the year in association with the Corporation's Chief Veterinary Officer on the occurrence of salmonellae in abattoirs and meat factories. Salmonellae were isolated from one out of 596 adult cattle, 6 out of 150 calves and 5 out of 256 pigs, an over-all positive rate of 1.19 per cent. which compares with 1.92 per cent. reported elsewhere.

FOOD INSPECTION.

During the year the new legislation coming into force included the Soft Drinks (Scotland) Regulations, 1964, the Milk (Special Designations) (Scotland) Order, 1965, and the Dried Milk (Scotland) Regulations 1965.

Samples submitted to the City Analyst for examination during the year were 5,252. Of the 1,411 formal samples 2.05 per cent. were found to be non-genuine and of the 3,841 informal samples 1.9 per

cent. Successful proceedings were taken in 18 cases, all against butchers in whose products an excessive amount of preservative was found. No improvement has been secured in recent years in spite of repeated communications to the associations concerned.

Complaints received by the Department alleging adulteration, contamination or unhygienic practices in shops and restaurants increased to 485. The public are still suspicious of canned goods, especially meat, perhaps as a result of the Aberdeen outbreak. In the majority of cases investigations are taken right back to the factory irrespective of the country of origin. The percentage of complaints brought to the notice of food manufacturers has decreased as the result of automation in the factories.

The number of milk producers in the City is 23, pasteurising establishments 14 and 1,734 retailers and 21 vehicles from outside the City, 1,792 compared with 1,814 in 1964. The daily consumption of milk, excluding school milk, fell from 95,036 to 91,200 gallons, a decrease of 3,836. The percentage of failures in the tests of Certified milk rose again this year from 24.5 to 42.5, and failures of Tuberculin Tested (unpasteurised) milk from 9.9 to 14.8 per cent.

Reference is made in other parts of the Report to the danger of undulant fever from the consumption of unpasteurised milk. The disease, properly called brucellosis, is one principally of cattle, causing contagious abortion. The presence of the causative organism in the milk carries with it the danger of infecting persons who consume untreated milk. In the main the disease occurs in persons who have milk "fresh from the cow" or visitors to country areas where pasteurisation is not practised. In man infection may result in prolonged fever characterised by a fluctuating temperature giving rise to the name of the disease, undulant fever. A vaccine, S 19, is available for cattle, but is of particular value only in the calf stage. It is believed that infection is present in between a quarter and a third of the herds in Britain. The eradication of brucellosis means following the lines which have been so successful in producing tuberculosis-free herds. Until this situation is reached it is advisable for all persons to consume only milk which has been adequately heat-treated. The recent changes in the designation of "Certified" to "Premium" milk and "Tuberculin Tested" to "Standard" milk have not lessened their inherent defects. While the danger from tuberculosis has all but disappeared the risk of brucellosis is such that we must consider seriously whether untreated milk even of the highest quality should be sold to the public.

The total annual consumption of school milk for the year amounted to 1,440,168 gallons, a decrease of 76,219 gallons.

The unsatisfactory nature of milk samples taken from milk dispensing machines still gives cause for concern. The number of failures rose from 46 per cent. to 53·6 per cent. These adverse results continue to appear despite the efforts of the milk officer to persuade operators and owners of these machines to have them thoroughly cleansed and sterilised before the milk is passed through to them. There is still no legal bacteriological standard for milk dispensing machines and for catering sales of milk for consumption on the premises. There is also no legal bacteriological standard for dairy cream, for tanker milk or for imitation cream.

Continuous supervision is maintained on street trading and the inspections of vehicles and storage accommodation totalled 2,430. These inspections include observations taken on vehicles engaged in street trading on Sundays when infringements are liable to occur.

The Department co-operates with the University of Glasgow in classes on food and food hygiene conducted by the University Extramural Study Department for managers and supervisory staff of food premises. Speakers are also supplied to trade and other associations who require instruction in food hygiene.

AIR PURIFICATION.

The Corporation's proposals to have the whole of the City smoke-free in the early 1970's are being implemented. Craigton Smoke Control Area Order came into force on 30th September, 1965, bringing the total number of premises covered by Orders to 70,447. Orders in respect of Cathcart, Cathcart (No. 2) and Dennistoun will be in force by the autumn of 1966, and the total number of premises covered by Orders will reach 100,000. The Order made on 10th September, 1964, for the Pollokshaws (No. 2) Smoke Control Area has been the subject of an enquiry and has been approved by the Secretary of State on 5th June, 1966. The next three Orders in respect of the wards of Camphill, Govanhill and Langside were made on 23rd December, 1965, and were confirmed by the Secretary of State on 30th August, 1966. The total number of premises covered by these Orders is 28,167 with a combined acreage of 1,647. Preliminary work of survey is being carried out in the wards of Fairfield, Knightswood and Whiteinch covering some 28,000 houses.

During the year 82 prosecutions were taken in respect of domestic smoke offences in smoke control areas. It has always been the policy

of the Department to give all possible assistance to offenders by advice, demonstration and appeal, but where there was flagrant disregard of the Act there is no alternative but to take Court action.

It is to be regretted that bituminous coal is still available to the tenants in smoke control areas either by purchase from itinerant coal merchants or packaged from local shops.

Applications for prior approval under Section 3 (2) of the Act continued on much the same scale as last year. The trend of industry is still the conversion of boiler plants from solid to oil fuel. From the economic point of view the heavy residual oils—3,500 seconds Redwood No. 1 at 100° F. with the corresponding high sulphur content of 3 per cent.—are becoming increasingly used with the larger types of boiler plant. Because of the high SO₂ emission with this type of fuel it is essential that the chimneys be of sufficient height to disperse the gases.

The continuance of the British Rail modernisation scheme has brought with it a marked reduction in the number of complaints of smoke. There are still, however, complaints in respect of steam locomotives at the City terminals. These were reported to the Rail Authorities who took prompt action in rectifying the nuisance.

The classes in boilerhouse practice promoted by the Corporation of Glasgow and the Scottish Division of the National Society for Clean Air were carried on during the year, their 50th winter session. The need for adequate training of boilerhouse operatives is now recognised not only as an essential part of the clean air programme but as a measure to secure efficiency in steam raising.

The estimation of atmospheric pollution by instruments has continued and extended use has been made of the volumetric smoke and sulphur apparatus. An endeavour is being made to have volumetric apparatus recording the pollution in each smoke control area before and after it has come into force. One example is shown of the reduction in smoke and sulphur dioxide for the Central Smoke Control Area over a period of three years.

GENERAL SANITARY OPERATIONS.

Mr. Alexander Easton, Senior Divisional Sanitary Inspector, died on 12th May, 1966, after a long illness. Mr. Easton had been a member of the Health and Welfare Department for more than 35 years and had been for four years Senior Divisional Inspector. He was a man who knew every aspect of his work and was specially skilled in the control of offensive trades, the eradication of rat infestation and the control and limitation of pigeons.

The Offices, Shops and Railway Premises Act, 1963, was in full operation during the year, and owing to shortage of staff, eight unqualified men were recruited and given a course of training lasting a four to five weeks. Unfortunately by the end of the year four of these men had left and further recruits were required.

The treatment of sewers for rat infestation continued, but on a limited scale. During the year the number of premises treated for rat infestation increased from 3,816 in 1964 to 4,286 in 1965. The increases occurred in the Central and Northern Divisions, both of which are situated on the periphery of a known Warfarin resistant area affecting a large part of the adjoining counties.

Statutory nuisances require a considerable part of the sanitary inspectors' available time. During the year a total of 58,683 nuisances occurred. The use of the Corporation's emergency powers to clear choked drains was employed in 19,417 instances with considerable improvement in the abatement of these nuisances. Over 90 per cent. of the choked drains were cleared by the owners within the statutory period.

The five Divisions are responsible for the administration of the Food Hygiene (Scotland) Regulations, 1959-61, in approximately 50 per cent. of the food premises in the City. The Food Section is responsible for the remainder. The standard of food hygiene is still below what is advisable and staffing difficulties have not made re-inspection of premises any easier.

The duties of the local authority under the Factories Act, 1961, are mainly the inspection and control of sanitary accommodation. There are some 3,686 premises registered as factories in the City, of which over three-quarters were inspected during the year.

Work on the problem of the aged and infirm was continued during the year and some 8,700 aged persons visited by the public health nurses. To assist these aged people periodic laundry service is provided and on occasion their houses cleaned.

WELFARE.

The number of small Homes for the accommodation of old people increased to 19. The fourth specially designed Home was completed and opened in June, 1965. The total residential accommodation has been increased to 1,807 including 668 places in small Homes, 647 in Foresthall and 492 in Crookston.

There were 500 residents in Foresthall, the majority of pensionable age. The greater proportion of residents in Crookston are of the frail ambulant class, and a 24-hour nursing staff is available. The increasing number of frail residents is indicated by the drop in the number of players on the bowling green who are now greatly outnumbered by the spectators.

The Department's Holiday Home near Troon was again fully occupied but the programme had to be curtailed because of rewiring and alterations. It was possible, however, to fit in a holiday for the blind, deaf and dumb and other handicapped persons.

Four domiciliary occupational therapists and two occupational assistants were employed during the year visiting homebound handicapped persons known to the Department to assess their need for aids to increase their independence and to improve their morale. The majority of the 617 persons visited are supplied with aids to give extra independence and adaptation of dwellings ranged from handrails at steps, ramps over steps to enable patients in wheelchairs to get out unaided, pavement crossovers for vehicles, toilet aids and bathroom adaptations and fitments to items specially designed to meet individual requirements. The cost of structural alterations is met by the Health and Welfare Committee and the work carried out by the Housing and Works Department.

The After-Care Section continues to follow up the leavers from junior occupation centres and special schools for the handicapped by home visitation. There was a decided improvement in the employment situation this year and the outlook for the educationally, subnormal school leavers was much brighter.

The Department's social clubs for handicapped persons continued to function in Laurieston House, the Department's centre for welfare services for the handicapped. The handcraft class for the blind meets from October to March and exchanges visits with similar clubs from adjacent counties.

Weekly meetings are held for some 20 deaf-blind in Laurieston House and transport is provided. Talking book machines are becoming increasingly popular and are now supplied to 392 blind persons. Many more have rented machines on their own account.

The Department continues to work in close co-operation with the Mission to the Adult Deaf and Dumb for Glasgow and the West of

Scotland. During the year the Royal Institute of the Mission to the Adult Deaf and Dumb was modernised and the Health and Welfare Committee contributed a substantial share of the cost. The premises were opened on 4th December, 1965, by the Right Hon. The Lord Provost, John Johnston, Esq.

This year saw considerable development in family case-work in three of the City's large housing areas. A sub-committee of the Property Management Committee had been set up to consider the problems of non-social tenants and it was agreed that the Health and Welfare Committee should make arrangements to provide intensive and more comprehensive social work among families who appear to be unable to maintain proper standards of home and child care without special assistance. The Health and Welfare Committee agreed that the Family Service Units should be asked to provide a unit in Castlemilk, and that the Glasgow University Queen Margaret Settlement Association whose work in Anderston was being discontinued should set up a similar unit in Drumchapel in association with the University of Glasgow School of Social Study. A third unit staffed by the Health and Welfare Department's own social workers was set up in the Easterhouse area. The cost of all three units was borne by the Health and Welfare Committee. The workers in these three units co-operate with all the social services and in some cases have been able to prevent family breakdown and have also enabled many people living under considerable stress and difficulty to cope better with their own problems.

It is with much pleasure that I thank the Convener and members of the Health and Welfare Committee for their generous support and encouragement during the year. In the preparation of this Report I have had the assistance of all sections of the Department, and in particular of Miss Knox, the Department's Librarian, to whom I am much indebted for her work in collating and arranging the material. My thanks and warm appreciation are extended to all members of the Health and Welfare Department for their able and loyal assistance.

WILLIAM A. HORNE.

SECTION I

POPULATION, ETC.

The Registrar General's estimate of the City's population, as at 30th June, 1965, was 1,000,857, a decrease of 17,725 from the 1964 mid-year estimate.

The Natural Increase (excess of births over deaths) in the calendar year, which in 1963 had fallen below 9,000 for the first time since 1956, rose to 10,128 in 1964. In 1965 there was another reduction, to 8,086, the smallest natural increase in the past ten years. The following table shows the variation in this figure since 1956—

NATURAL INCREASE.

1956 ... 8,691	1960 ... 10,055	1964 ... 10,128
1957 ... 9,236	1961 ... 9,474	1965 ... 8,086
1958 ... 9,306	1962 ... 10,267	
1959 ... 9,062	1963 ... 8,901	

In the period July, 1964 to 30th June, 1965, the natural increase was 8,847, a figure which, if added to the estimated mid-year population in 1964, of 1,018,582, would have given in 1965 a population of 1,027,429. According to this estimate, therefore, there has been an actual loss of 26,572 persons from the City during this period. From information supplied by the Registrar General, this loss can be accounted for—partly by emigration abroad and by migration outwith the City, some to other areas of Scotland and the United Kingdom but chiefly into the adjacent counties. In 1965, the estimated net migration loss was some 26,700 persons. Of this number, 56 per cent. went to other parts of Scotland, 21 per cent. elsewhere in the United Kingdom and 22 per cent. overseas.

In 1964, 58 per cent. of the migration loss was to other areas in Scotland, 23 per cent. to other parts of the United Kingdom and 19 per cent. overseas.

This considerable loss of population is confirmed by the reduction in the number of persons in the Voter's Roll between October, 1964 and February, 1965, a decrease of 17,080. On a ratio of population to voters based on the latest Census this represents a population loss of some 26,000 persons.

It should be noted that in this Report, as in 1964, the various rates have been calculated on the *mid-year* population and not on the December estimate as in previous years.

Ward Population.—Details of the population in each ward of the City are given in Appendix Table I and the distribution of the population in the five administrative divisions of the City is shown in Section XV—General Sanitary Administration, page 397. Ward populations are based on the Census ratio of population to local government electors as changes in the electoral register provide as accurate an index as any of the movement of population between wards.

There is great variation in population size throughout the 37 wards, ranging from 10,751 in Exchange ward to 84,154 in Provan where extensive housing development has taken place in recent years.

The only wards with a population which may be regarded as the average of all the wards are Dalmarnock (26,845) and Langside (26,306). Twenty-five wards had smaller populations than this and in fourteen of these the population was less than 20,000.

Of the ten wards with larger populations, Cathcart (62,704), Knightswood (53,358), Pollokshaws (47,608) and Ruchill (43,619) are, like Provan, wards on the periphery of the City where much housing development has taken place within recent years.

Institutional Population.—On 30th June each year a special Census of persons resident in hospitals and institutions, hotels, etc., is taken by the district inspectors and in 1965 this population totalled 23,818, an increase of 77.

The largest institutional population (3,206) was in Exchange Ward where most of the City's hotels are located. Of the 2,134 persons in Pollokshields ward more than half were resident in Leverndale Hospital, 442 in Crookston Home and the remainder distributed throughout the many nursing homes and residential homes (for children and for aged persons) which are a feature of this area. Robroyston and Stobhill Hospitals together account for most of the 1,826 persons in Springburn Ward. Kelvinside Ward (1,829) has, in addition to the three hospitals, several hotels in this area and a growing number of residential homes for aged persons. Provan Ward, where Barlinnie Prison and Gartloch Hospital are located, had an institutional population of 2,132.

The main Glasgow Hospitals are distributed throughout the City as shown in the following table :—

LOCATION IN WARDS OF THE VARIOUS GLASGOW HOSPITALS AND THE NUMBER OF PERSONS RESIDENT THEREIN AS AT 30TH JUNE, 1965.

Ward	Hospital	Persons Resident
2. Parkhead	Belvidere	409
7. Provan	Gartloch	793
9. Springburn	Stobhill	1,180
	Robroyston	564
10. Townhead	Royal Infirmary	1,056
	Eastern District	236
11. Exchange	Royal Maternity	391
	Ophthalmic Institute	27
12. Anderston	Ear, Nose and Throat	108
	Queen Mother Hospital	218
	Royal Hospital for Sick Children	314
13. Park	Eye Infirmary	116
	Royal Beatson Memorial	90
15. Woodside	Oakbank	217
16. Ruchill	Ruchill	409
18. Maryhill	Eastpark Home	52
19. Kelvinside	Gartnavel	887
	Homoeopathic	5
	Redlands	121
20. Partick East	Western Infirmary	886
23. Yoker	Knightswood	218
	Blawarthill	56
24. Knightswood	R.H.S.C., Drumchapel	67
30. Fairfield	Shieldhall	143
	Elder Cottage	22
	Southern General	961
	David Elder	75
32. Pollokshields	Leverndale*	1,161
34. Pollokshaws	Darnley	82
35. Govanhill	Samaritan	148
36. Langside	Victoria Infirmary	714
		<hr/> <hr/> 11,726

* Formerly known as Hawkhead.

There was little material alteration in the institutional population of individual wards in 1965, most of the change being due to fluctuations in the population of hotels and hospitals. A notable feature, however, was the increase in the number of hotels and student hostels (five new hotels and three "Halls of Residence"), which were opened in 1965.

The increase of 189 in Exchange Ward was due to the two new hotels and a university Hall of Residence which were opened during the year. In Kelvinside the decrease of 106 was mainly due to fluctuations in the number of hospital patients and the temporary closure of a nursing home.

The institutional population, as at 30th June, 1965, was accommodated as follows :—

				1965	1964
General Hospitals	...	...	...	2,737	2,772
Infectious Diseases Hospitals	...	...	...	1,036	1,100
Mental Hospitals	...	...	...	2,841	2,989
Sanatoria and Other	...	...	...	5,286	5,104
Nursing Homes	...	...	...	413	578
Children's Homes	...	...	...	296	217
Hotels and Guest Houses	...	...	...	4,058	4,016
Hostels	...	...	...	951	795
Homes for Aged Persons	...	...	...	1,711	1,773
Common Lodging Houses	...	...	...	1,307	1,339
Special Institutions	...	...	...	3,182	3,058
Total	...	...	...	<u>23,818</u>	<u>23,741</u>

Acreege.—The area of the City remains unaltered at 39,725 acres. The following table shows the progress of the City's expansion since the beginning of the century :—

			Acres
1901	...	...	12,681
1911	...	...	12,975
1921	...	...	19,183
1931	...	...	29,511
1951	...	...	39,725

The 37 wards of the City vary considerably in size, from the smallest, Woodside, with 170 acres, to Provan with 4,846 acres. Cowcaddens, Woodside and Gorbals are the only three wards which have remained unchanged in area throughout the various extensions to the City and alterations in ward boundaries which have taken place since the wards were first "recast" in 1920.

Density.—The average density of the City, which since 1961 had remained stationary at 26 persons per acre, fell slightly in 1965 to 25 persons per acre. Three of the oldest wards of the City, Townhead, Gorbals and Woodside, are still the most densely populated, with densities well above all but one of the other 34 wards. The progressive reduction in the density of these wards over the past forty years or so is shown as follows :—

			Woodside	Gorbals	Townhead
1921	...	...	222	207	171
1931	...	...	195	186	156
1951 (Census)	...	...	158	145	116
1961 (Census)	...	...	116	93	88
1962	...	..	113	87	85
1963	...	...	107	83	85
1964	...	...	98	78	83
1965	...	...	86	74	79

The continuing decrease in the population of Gorbals Ward in 1965, reduced the density of that ward to the same level as that of North Kelvin—74 persons per acre. Between the two Census years, 1951 and 1961, the density in the latter ward fell from 93 to 80 persons per acre. In 1964 it was 77.

While the density of the City as a whole at the 1961 Census (26·5 persons per acre) showed little change from that of 1951 (27·4) the extensive housing developments in three wards, Provan (Easterhouse), Knightswood (Drumchapel) and Cathcart (Castlemilk) materially increased the density in these areas. There was another slight increase in the density of Provan Ward in 1963, but the position in all three wards has since remained unchanged

		Persons per acre		
		1965	1961	1951
Provan	... ..	17	16	5
Knightswood	... ..	33	33	11
Cathcart	... ..	23	23	8

Occupied Houses.—A return of occupied and unoccupied houses (including inhabitant occupiers) as at Whitsunday of each year is compiled by the City Assessor and the following analysis is based on the information given in this return.

There was another decrease in the number of occupied houses in 1965, the total for this year, 318,499, being 1,817 fewer than in 1964.

This is of course the *net* change from 1964. In fact there was a reduction of 4,773 houses among 23 wards, offset by an increase of 2,956 in the other 14. These increases ranged from 12 in North Kelvin to 812 in Cathcart. Other increases were 717 in Yoker, 288 in Whiteinch and 238 in Maryhill.

Wards with fairly large decreases, mainly due to closure and/or demolition of unfit houses, were Townhead (525) Gorbals (522), Hutchesontown (409), Anderston (384), Cowcaddens (356) and Dalmarnock (350).

The number of occupied houses in the City according to size is as follows :—

		1965	Compared with 1964	
One apartment	... ..	24,644	Decrease	... 530
Two apartments	... ..	87,133	Decrease	... 2,838
Three apartment	... ..	117,197	Increase	... 1,601
Four apartments	... ..	64,496	Increase	... 260
Five apartments	... ..	25,029	Decrease	... 310
		<u>318,499</u>		<u>1,817</u>

The considerable decrease in the number of (occupied) one-apartment houses is of course the *net* total for the City. No less than fifteen wards however showed an increase in the number of (occupied) one-apartment houses from eight in Parkhead to 177 in Yoker, a total of 737 in all. A small proportion of these are "multiple occupancies." Most of this increase is new housing for single and aged persons, an instalment of the linings passed by the Dean of Guild in recent years (729 on year ending 31st August, 1964). With the advent of these flats, specially designed for single and aged persons, the category of "one-apartment house" has assumed a new significance. At one time synonymous with a "single end" it may now refer to a service flat or accommodation for the aged or single person as well as to a single apartment in a tenement property.

The decrease in occupancy of the older type of one-apartment house was 1,267 in all (this figure takes no account of the increase of 453 in the unoccupied one apartments).

The distribution of the 24,644 occupied one-apartment houses throughout the 37 wards ranges from 134 in Langside to 2,281 in Dalrnarnock with the greatest concentration in the older parts of the City. Seven wards in all have over 1,000 of this type of house.

The following table shows the total number (occupied and empty) of one-apartment houses in these seven wards with the relative proportion of houses of all sizes in each.

				Number	As percentage of Houses of all sizes
Hutchesontown	...	...	...	1,261	24·8
Dalmarnock	...	...	...	2,518	24·6
Mile-End	...	...	...	1,779	18·7
Calton	...	...	...	1,095	17·7
North Kelvin	...	...	...	1,341	15·9
Cowlairs	...	...	...	1,240	15·6
Shettleston and Tollcross	...	...	...	1,113	8·4

Unoccupied Houses.—At Whitsunday, 1965, there were 7,583 houses unoccupied compared with 6,297 in 1964, an increase of 1,286.

The increase in 1965 affected all sizes of house, but was most noticeable in the one- and two-apartment houses.

NUMBER OF EMPTY HOUSES.

	1965	1964	1963	1962	1961	1960	1959	1958
One apartment	1,871	1,418	1,209	1,135	1,111	1,057	947	776
Two apartments	3,080	2,569	1,693	1,445	1,427	1,445	1,258	1,102
Three apartments	1,159	1,005	882	655	628	642	564	480
Four apartments	707	596	526	497	492	507	486	39
Five apartments and over	766	709	636	630	677	705	712	679
	<u>7,583</u>	<u>6,297</u>	<u>4,946</u>	<u>4,362</u>	<u>4,335</u>	<u>4,356</u>	<u>3,967</u>	<u>3,431</u>

This total of 3,080 two-apartment houses is equivalent to 41 per cent. of all the unoccupied houses in the City, the same proportion as in 1964. Since 1957 this proportion of unoccupied two-apartments has remained very steady, at 32 per cent. from 1957 to 1959 and 33 per cent. from 1960 to 1962.

Only a small proportion (10·1 per cent.) of the unoccupied houses were houses of five apartments and over compared with 11·2 per cent. in 1964. This year Townhead had the greatest number of empty houses 543 compared with 257 in 1964, but only 14 were of five or more apartments. Wards in which over 30 per cent. of the empty houses were of five apartments and over are shown in the following table:—

NUMBER OF EMPTY HOUSES.

	Total	Five Apartments and over	Percentage
Pollokshields	148	76	51·3
Park	297	126	42·4
Partick East	240	97	40·4

Dean of Guild Linings.—During the year ended 31st August, 1965, 5,123 linings were granted compared with 5,514 in 1964. Details of the number and size of house for which these were granted are given in Appendix Table III, with a comparison of the figures for the preceding years from 1919. Of the total linings granted, 2,603 were for three-apartment, 456 for four-apartment, and 137 for five-apartment. Accommodation for single and aged persons is to be provided by 360 single and 1,567 two-apartment houses distributed widely throughout the City.

METEOROLOGY.

Weather conditions in 1965 were not unlike those of the previous year, a comparatively mild beginning followed by more severe weather in February and March. The spring months were cold with some frost and hail showers in April and only a few days of warmer weather in mid-May and early June. July was the coldest for many years, and apart from some warm days in August the autumn too was cool.

November became cold early in the month, with frost and snow showers, but this was succeeded by milder weather until the last week of December when frost, snow and heavy rain were experienced. There was more rain than in 1964, but similarly distributed, the third quarter being the wettest of the four. February was unusually dry, but January had almost five inches of rain and rainfall in the first quarter was therefore heavier than in the previous year. July was the wettest since 1960, most of the rainfall being recorded in the last week.

The year was a sunnier one, especially in the first six months. January and March had more sunshine, while May and June had less. September was very dull with only half the amount of sunshine recorded for this month in 1964.

Some misty, foggy weather was experienced in January, February, October and November, but on only one occasion, in October, was the fog dense enough to interfere with road and rail traffic and shipping on the river.

TEMPERATURE.

The mean temperature which had fallen steadily from 48.9°F. in 1959 to 45.6°F. in 1963 reverted to average in 1964 (47.1°F.). In 1965 it fell again to 45.3°F., the only other year since records began in 1920 in which the mean temperature has been less than 46.0°F.

The lowest mean temperature was that of January (34.9°F.). This is below the 1964 figure of 39.0°F., but above that of 1963 (30.4°F.). Maximum day temperatures ranged from 50°F. on the 7th to 30°F. on the 19th, while minimum temperatures varied from 41°F. on 7th to 24°F. on the 19th and 20°F. on the 31st. With one or two exceptions only, the minimum temperatures were below freezing point throughout the month.

February had a mean temperature of 36.5°F. compared with 38.9°F. in 1964 and 30.6°F. in 1963. This figure is about the 1950-59 average for the month and almost identical with that of 1960 (36.4°F.). Maximum temperatures ranged from 34°F. on the 2nd to 49°F. on the 7th, fluctuating in the mid and upper forties until the 28th (35°F.) when colder weather set in. Minimum temperatures were, with few exceptions, below freezing point, ranging from 19°F. on the 1st to 39°F. on the 16th.

The mean temperature for March, 37.9°F., was below average and the lowest since 1962 (36.3°F.). The coldest day of the year was on the

2nd of this month when the maximum temperature was only 33°F. and the minimum 11°F. The cold weather of the first four days was followed by a rise in temperature to 62°F. on 28th and 63°F. on the 29th. Minimum temperatures remained below freezing point until the 12th then rose to 43°F. on the 15th. From the 19th to 27th they were again below freezing point until the 28th when there was a sharp rise to 41°F.

April was cold, the mean temperature of 44.9°F. being less than average and below that of 1964 (46.3°F.). It corresponds exactly with the 1962 figure. Maximum temperature was as low as 45°F. on the 11th and 28th but reached 61°F. on the 30th, fluctuating between the upper forties and lower fifties from the 17th onwards.

Two of the warmest days of the year were recorded in May, 70°F. on the 13th and 74°F. on the 14th, and in the rest of the month temperature ranged from 44°F. (on 17th) to 62°F. (on 29th). On the 19th the minimum temperature was as low as 34°F. after having been as high as 50°F. on the 13th. The mean temperature for the month was 50.1°F. compared with 52.7°F. in 1964, exactly the same as in 1962 and somewhat less than average.

Warmer weather was experienced in the first fortnight of June when the two highest day temperatures of the month, 72°F. and 70°F., were recorded on the 9th and 10th respectively. Maximum temperatures during the rest of the month ranged from 52°F. on the 6th to 69°F. on the 29th. The absolute minimum temperature was 39°F. on 1st., rising thereafter to 51°F. on four successive days in the third week and to 55°F. on the 30th. The mean temperature for the month, 55.5°F. was average and not much above the 1964 figure of 54.6°F.

Mean temperature in July (54.1°F.) was below that of the previous year (57.7°F.). It was the coolest July since records began in 1920, the only other comparable reading being 54.7°F. in 1954. The highest day temperature was 68°F. (on 2nd and 17th). Except for some warmer days in the third week, maximum temperatures were mainly in the low sixties and as low as 51°F. on the 29th. Minimum temperature on the 19th was 51°F. then fell to 37°F. on the 30th.

August was the coldest since 1962 (55.3°F.) with a mean temperature of only 55.1°F. compared with 56.5°F. in the previous year. A maximum temperature of 53°F. was recorded on the 2nd, followed by a rise to 70°F. on the 11th and 73°F. on the 12th and 13th. The weather then became cooler, temperatures being mainly in the lower sixties. The absolute minimum temperature, 37°F. was recorded on the 27th, but minimum temperatures towards the end of the second week were in the fifties reaching 55°F. on the 12th.

September, too, had a mean temperature below average, of 52.6°F . as against 54.1°F . in 1964. Maximum temperatures ranged from 65°F . on 2nd to 49°F . on 9th and were mainly in the upper fifties. The absolute minimum, 40°F . was also recorded on the 2nd, so that the range of temperature on that day was 25°F . Minimum temperatures were mostly in the mid and upper forties, reaching 53°F . on the 22nd and falling again to 43°F . on 27th.

The mean temperature for October (48.5°F .) was the average for this month in the two decades 1940-49 and 1950-59 and an improvement on the 1964 figure (46.7°F .). The absolute maximum, 63°F ., was recorded on the 5th but temperature fell thereafter to 48°F . on 22nd, 24th and 30th. The absolute minimum was 34°F . on the 18th, a sharp fall from 53°F . on the 14th, but by the 27th the minimum temperature has risen again to 51°F .

Wintry conditions were first experienced in November when the City had its first snow shower of the winter on the 14th and several falls of snow in the last week. It was the coldest November since 1952, the mean temperature, 36.9°F ., being well below average and less than that of 1964 (42.3°F .). This is the first time in fourteen years that the mean temperature for this month has fallen below 40°F . The absolute maximum was 54°F . on the 8th but maximum temperatures fell steadily thereafter to 33°F . on 25th. Minimum temperatures fell below freezing point on the 4th (30°F .), rose to 44°F . on 9th and then, with only a slight recovery between the 18th and 20th, were below freezing point from the 13th onwards, reaching their lowest point 24°F ., on the 27th.

December's mean temperature too was below average, 36.2°F . as against 37.1°F . in 1964. Maximum temperatures rose from 37°F . on the 1st to 50°F . on 15th and 55°F . on 17th, thereafter falling to and remaining at 45°F . until the 22nd. On the 28th, maximum temperature had fallen to 30°F . The absolute minimum temperature, 18°F . was recorded on both the 28th and 29th, but readings of 43°F . were recorded on the 9th and 16th, and 46°F . on the 15th.

It should be pointed out that the December readings are not strictly comparable with those of previous years. Up to and including November of this year the *daily* readings from which these notes are compiled have been based on observations made at Springburn Park and published daily in "The Glasgow Herald". Since 1st December the daily readings have been recorded at the Meteorological Station at Renfrew Airport as this is now considered to be a site more representative of the area than Springburn Park which is higher than many of the surrounding districts. This difference is most obvious in the case of

temperature, a variation of some 2° being frequently observed in the maximum readings taken at Renfrew and those recorded at the City Weather Centre in Waterloo Street.

The monthly rainfall and sunshine totals now to be referred to are based, as formerly, on the observations made at Springburn Park and are as shown in Appendix Table IV.

RAINFALL.

There were fewer wet days than in 1964, 198 and 211 respectively, but the total rainfall was 41·52 inches compared with 36·94 inches in 1964 and 37·62 inches in 1963. This is above the 1950-59 average (40·26 inches). The pattern of distribution was similar to that of 1964, more than half the total rainfall being recorded in the second half of the year, the third quarter being the wettest of the four. The distribution of the rainfall in each of the four quarters of the past six years is compared with the average for the period 1950-59 in the following table :—

			First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Year
1965	...	...	8·08	9·89	12·57	10·98	41·52
1964	...	...	5·12	10·17	11·35	10·30	36·94
1963	...	...	5·90	9·94	9·62	12·16	37·62
1962	...	...	11·32	6·23	16·37	9·43	43·35
1961	...	...	10·18	6·68	15·40	14·00	46·26
1960	...	...	8·94	8·64	10·65	13·09	41·32
1950-59	...	...	8·40	7·15	12·54	12·16	40·25

Rainfall in the first quarter totalled 8·08 inches as against 5·12 inches in 1964, nearer the 1950-59 average (8·40 inches) than any of the four previous years. More than half (4·78 inches) of this total was recorded in January, the wettest since 1962 (6·58 inches). This is in sharp contrast to the 1·99 inches recorded for this month in 1964. February, which had also been unusually dry in 1964 with only 1·04 inches' rain, was drier still in 1965; the total amount of rain recorded was 0·77 inches in 6 days. It was the driest February since 1934 (0·55 inches). The total for March, 2·53 inches, was about the average for this month, with only three more wet days than in 1964 (2·09 inches and 13 days). The distribution of rainfall over the next three months was very similar to that of 1964—over 3 inches of rain each. April was again unusually wet, with 3·49 inches (in 18 days) as against 3·83 inches (in 24 days) in 1964. The 1950-59 average for the month was little more than half this total. May too had a rainfall of 3·35 inches (in 17 days) compared with 3·03 inches in 20 days in the previous year, both above average for this month. Rainfall in June (3·05 inches), although less in amount

than in 1964 (3.31 inches), was still above the 1950-59 average for this month (2.77 inches). The Glasgow Fair Holiday month of July, which had been unusually dry in 1964 and 1963, had a total of 3.63 inches. This is less than the 1950-59 average (4.37 inches) and nearer that of 1940-49 (3.25 inches). It was the wettest July since 1960 (4.07 inches). Two-thirds of the total (2.49 inches) was recorded in the last nine days. The variations since 1920 in this month's rainfall are shown in the following table :—

RAINFALL IN THE MONTH OF JULY.

			Amount in inches				Amount in inches
1920-29 (average)	...	...	3.57	1959	...	...	5.23
1930-39	„	...	3.92	1960	...	...	4.07
1940-49	„	...	3.25	1961	...	...	2.99
1950-54	„	...	4.40	1962	...	...	3.04
1955	...	...	1.23	1963	...	...	2.18
1956	...	...	5.88	1964	...	...	1.82
1957	...	...	3.51	1965	...	...	3.63
1958	...	...	5.82				

The 3.43 inches rain recorded in August was less than the average for this month, which was the driest since 1959 (0.68 inches). In 1964 there were 4.39 inches in 17 days, one less than this year. September was the wettest month in the third quarter and the wettest of the year with 5.51 inches (in 18 days) compared with 5.14 inches (in 21 days) in 1964. The 1950-59 average for this month was 4.10 inches.

Rainfall in the fourth quarter was very similar in amount (10.98 inches) to that of 1964 (10.30 inches) but the distribution over the three months was somewhat different. In both 1964 and 1965 rain was recorded on 15 days in October but the total amount was higher in 1965, 3.69 inches and 2.55 inches respectively, a little less than the average for this month. From the 18th to the 24th there was only a trace of rain. November was the driest since 1962 (2.70 inches) with 2.19 inches (in 15 days) compared with 3.29 inches (in 19 days) in 1964, less than average. December, the second wettest month of the year, had 5.10 inches (in 25 days) as against 4.46 inches (in 21 days) in 1964. It was the wettest December since 1960 (5.22 inches) and the amount of rain was above the 1950-59 average (4.69 inches).

Overnight falls of snow occurred on several occasions in January, February and in the first and third weeks of March. Snow fell from 26th November and was augmented by later falls till 4th December. There was a fall of 2 inches between 28th/29th of this month but this was immediately followed by heavy rain.

SUNSHINE.

There was more sunshine in 1965, 1,190 hours as against 1,145 in 1964, both totals being below the average for the preceding five years (1,215 hours). The first, second and fourth quarters were sunnier and the third duller than in 1964. All three months in the first quarter had more than their average amount of sunshine.

January had 51.6 hours compared with 39.8 in 1964, an amount very similar to that of 1963 (51.7 hours). February had 62.3 hours as against 59.8 in 1964 and 98.8 in 1963, and March (87.4 hours), 23 hours more than in 1964. Only April in the second quarter had a sunshine total above average, 155.7 hours compared with 103.6 in 1964. It was the sunniest April since 1957 (169.3 hours). May with 147.6 hours has not been so dull since 1954 (146.8 hours). June too was dull, with 140.9 hours as against 175 hours in 1964, almost the same total as in 1961 (140.7 hours). The average for the previous five years was 176.4 hours. July, with 155 hours had more sunshine than in 1964 (144 hours) but less than in 1963 (166 hours). Only August in the third quarter had an amount of sunshine (140.2) hours above its average. It was sunnier than in 1964 (132.5 hours) and the sunniest August since 1961 (151 hours). September had only 68.4 hours, half the 1964 total of 122.9 hours and well below the 1950-59 average (102.7 hours). This is the lowest September total since 1962 (64.2 hours). October was the duller since 1960 with 65.4 hours compared with 55.9 in that year, three hours less than in 1964. The last two months of the year were sunnier than of late, with sunshine totals well above average. November had 73.3 hours, almost 35 hours more than in 1964, and was the sunniest since 1947 (75.8 hours). Since records began in 1926, this is only the second time that hours of sunshine in this month have exceeded 57 hours. December with 43.0 hours was sunnier than in 1964 (36.0 hours) and by far the sunniest December since 1926. The only other year which had a comparable amount of sunshine in this month was 1938 (42.6 hours).

Fog was present on four occasions in January, three in February, twice in October, once in November and on 1st and 2nd December. On only one occasion, on 18th October, was it sufficiently thick and persistent to disrupt road, air and river traffic. A smoke haze was also experienced on 28th December.

SECTION II

VITAL STATISTICS.

The following is a summary of the principal vital statistics of the City :—

SUMMARY.

	1965	1964	1963	1962	1961
Population	1,000,857*	1,018,582*	1,029,147	1,044,500	1,053,100
Acreage	39,725	39,725	39,725	39,725	39,725
Persons per acre	25	26	26	26	26
Number of Inhabited Houses	318,499	320,316	321,655	325,079	326,614
Deaths—Number registered	13,507	13,086	14,536	13,937	14,029
Deaths—After correction for Transfers	12,761	12,277	13,717	13,224	13,368
Births—Number registered	23,213	23,467	22,349	23,321	22,703
Births—After correction	20,846	22,405	22,618	23,491	22,842
Death rate per 1,000 living—All causes	12.7	12.1	13.3	12.7	12.7
Birth rate per 1,000 living	20.8	22.0	22.0	22.5	21.7
Deaths under One Year—After correction	587	641	722	762	703
Deaths under one Year per 1,000 births	28	29	32	32	31
Neonatal death rate—Per 1,000 live births	17.8	18.4	19.2	21.1	20.6
Stillbirth rate per 1,000 births (live and still)	20	19	21	22	23

Particulars of the causes of mortality together with the rates are given in Table VII in the Appendix, and the age and sex distribution in Table VIII.

* Midyear population.

BIRTHS.

There was a noticeable decrease in the number of births registered in 1965, 20,846 compared with 22,405 in 1964. This total is the lowest recorded since 1954 when there were 20,977 births. The following table shows the trend since 1930 :—

1930-39 (Average)	22,238	1962	23,491
1940-49 (Average)	21,941	1963	22,618
1950-59 (Average)	21,234	1964	22,405
1960	23,092	1965	20,846
1961	22,842		

The birth-rate fell from 22.0 per 1,000 of the population in 1964 to 20.8, the lowest rate since 1956 (20.4).

Male births formed 51·4 per cent. of the total compared with 51·6 in 1964 and 51·7 in 1963.

Provan, for the sixth successive year, had the greatest number of births, 1,118 (1,172 in 1964). Cathcart and Dalmarnock, the only other wards in which, in 1964, there were more than 1,000 births, had 972 and 910 respectively in 1965. The highest birth-rate, however, was again that of Cowcaddens (36·5), followed by Mile End (34·8), Dalmarnock (33·9), Woodside (33·9), Hutchesontown (33·4) and Govan (33·1).

Since 1954 Craigton has had the lowest birth-rate of all the 37 wards. In 1964 the rate for this ward showed some improvement but this was not maintained in 1965 when the rate fell to 9·7. Other wards with low rates were Provan (13·6), Yoker (13·7) and Knightswood (13·8).

For several years now attention has been drawn in these reports to one result of the low birth-rates in five wards—an excess of deaths over births. This adverse trend, which was first observed in Kelvin-side, Langside and Camphill Wards in 1949 and in Yoker and Craigton in 1955 would now appear to be reversed in the first two instances. Since 1959 Kelvinside, and Langside since 1962 have consistently had a favourable balance of births over deaths and their inclusion in this table therefore is no longer justified. The position in Camphill is still uncertain as the small favourable balance achieved in 1964 was more than halved in 1965.

		1965		Decrease (except where indicated by •)						
		Births	Deaths	1965	1964	1963	1962	1961	1960	1959
Camphill	...	326	319	7*	18*	43	—	5*	1*	43
Yoker	...	389	437	48	25	15	68	39	11	32
Craigton	...	341	481	140	45	90	103	118	97	126

In Craigton Ward a decrease in the births in conjunction with a greater number of deaths than in 1964 resulted in a noticeable increase in the unfavourable balance, from 45 to 140 in 1965. In Yoker there were more births in 1965 but this was offset by a greater increase in the deaths and the unfavourable balance was 48 compared with 25 in 1964.

Illegitimate Births.—During 1965, 1,606 illegitimate births were registered compared with 1,597 in 1964 and 1,484 in 1963. This is equivalent to 7·7 per cent. of the total live births as against 7·1 per cent.

in 1964 and is the highest rate recorded since 1945 when it was 8·3 per cent. The following table shows the trend in the rate since that year :—

1945	...	...	8·3	1961	...	...	5·4
1946-1950 (Average)			5·6	1962	...	...	6·1
1951-1955 (Average)			4·9	1963	...	...	6·6
1956-1960 (Average)			4·9	1964	...	...	7·1
			1965	...	...	...	7·7

The highest ward rates were those of Park (15·8), Exchange (13·3) and Anderston (12·3). Calton and Woodside each had a rate of 10·7; Parkhead and Ruchill one of 10·6 and Mile End 10·0. The lowest rate was that of Govanhill (3·7), followed by Whiteinch (4·0). Dennistoun and Partick West each had a rate of 4·3 per cent.

A more accurate comparison of the legitimate and illegitimate birth rates is obtained when the calculation is based on the number of women of child-bearing ages; the former on married women of 16 to 44 years of age, and the latter on the unmarried women and widows of 15 to 44. This is given in the following table (the latest available figure being that of 1964) :—

GLASGOW—BIRTH RATES DISTINGUISHING LEGITIMATE AND
ILLEGITIMATE IN CERTAIN YEARS FROM 1881.
(Based on Figures of the Registrar-General).

Year	Number of Legitimate Births	Rate per 1,000		Rate per 1,000 Unmarried Women and Widows 15-44 Years	
		Married Women 16-44 Years	Number of Illegitimate Births		
1881	...	17,605	293	1,501	22
1891	...	18,304	283	1,553	21
1901	...	22,676	260	1,530	14
1911	...	19,966	229	1,603	14
1921	...	27,790	238	1,922	13
1931	...	21,504	176	1,427	10
1951	...	19,029	134	1,062	9·6
1952	...	19,378	137	961	8·9
1953	...	19,211	136·5	1,021	9·7
1954	...	19,954	141·9	1,023	9·9
1955	...	20,036	142·2	987	9·9
1956	...	20,834	147·4	1,051	10·9
1957	...	21,367	151·0	1,048	11·3
1958	...	21,643	153·2	1,117	12·3
1959	...	21,497	152·6	1,101	12·5
1960	...	21,858	156·5	1,232	14·5
1961	...	21,606	155·6	1,236	15·0
1962	...	22,064	163·0	1,430	17·1
1963	...	21,134	160·2	1,484	17·8
1964	...	20,808	160·9	1,597	19·4

These rates are higher than those for Scotland as a whole. In 1964 the comparable legitimate birth rate for Scotland was 147·6 and the illegitimate 14·6.

MARRIAGES.

There was another decrease in the number of marriages in 1965 8,809 compared with 8,886 in 1964 and 8,957 in 1963. This represents a rate of 8·8 per thousand of the population as against 8·7 for the previous year. The following table shows the trend of the marriage rate since 1891 :—

MARRIAGE PER THOUSAND PERSONS LIVING.

1891-1900	...	...	9·4	1951-1955	...	...	9·6
1901-1910	...	...	8·8	1956-1960	...	...	9·5
1911-1920	...	...	9·7	1961	...	...	8·9
1921-1930	...	...	8·9	1962	...	...	8·7
1931-1940	...	...	9·7	1963	...	...	8·6
1941-1945	...	...	11·0	1964	...	...	8·7
1946-1950	...	...	9·8	1965	...	...	8·8

This is still above the rate for Scotland as a whole, 7·8 in 1965 compared with 7·7 in 1964.

DEATHS.

The number of deaths registered in 1965 was 13,507, an increase of 421 on the previous year's total. After correction for transfers this total was reduced to 12,761 compared with 12,277 in 1964. In 1965 Glasgow, with 19·2 per cent. of the population of Scotland, accounted for 20·3 per cent. of the deaths, a higher proportion than that of 1964 (20·1 per cent.). The rate which in 1964 had been 12·1, the lowest in ten years, rose again to 12·7 in 1965.

Exchange Ward had a rate of 19·1, the highest of all the 37 wards. Camphill Ward, which with only three exceptions since 1950 has had the highest death-rate until this year, came second with a rate of 17·1. Other wards with a rate of 15 per 1,000 or over were Parkhead and Partick West, each of which had a rate of 15·7, Yoker 15·4 and Anderston 15·3.

Eleven wards had rates below that for the City, and only one (Ruchill) the same rate (12·7). Provan Ward for the fourth successive year had the lowest rate (7·4) which remained unchanged from 1964. Other wards with low rates were Knightswood (8·8), Cathcart (9·3) and Pollokshaws (9·7).

Age and Sex Distribution.—The increase in the number of deaths was markedly greater in the females, 6,138 as against 5,708 in 1964. The male deaths totalled 6,623, an increase of 54 on the 1964 figure. The proportion of male deaths in 1965 was smaller than usual, 51·9 per cent. of all the deaths compared with 53·5 per cent. in the

previous year. This proportion has not shown much variation in recent years. The sex and age distribution of deaths according to the International Classification of Causes of Death (Short List) has been taken from the *Registrar General's provisional return* and is shown in Appendix Table VIII.

The age distribution of the deaths as a rate per 1,000 deaths at all ages is given in the table below :—

RATE PER THOUSAND DEATHS AT ALL AGES.

	-4 wks.	-1 yr.	-5	-15	-25	-35	-45	-55	-65	65+	Total
1951	36	28	12	9	16	25	45	98	180	551	1,000
1961	35	18	7	5	7	13	33	88	192	602	1,000
1962	38	20	7	7	8	14	34	89	195	588	1,000
1963	32	21	7	6	7	13	31	84	200	599	1,000
1964	33	19	6	6	9	12	33	89	210	583	1,000
1965	29	17	6	6	9	13	31	83	200	606	1,000

In 1951 8·5 per cent. of all the deaths occurred at ages under 15 years and 73 per cent. at ages over 55. In 1965 the relative proportions were 5·8 and 81 per cent.

The increase in the female deaths was almost wholly confined to the age groups 45 years and over and changes in the lower age groups were minimal only.

In males the increase was most apparent at age 65 and over but there were also decreases at ages under one year and between 45 and 65.

Male deaths over 55 years totalled 5,151 in 1965 compared with 5,013 in 1964, while the number of female deaths was 5,136 an increase of 418. This is equivalent to 77·8 per cent. of the male deaths at all ages (76·3 in 1964) and 83·7 per cent. of all the female deaths (82·6 in 1964).

Classification of Deaths.—Until five years ago the system in operation in this Department for selecting the principal cause of death from two or more causes stated together was one of preferences, whereby the cause of death was selected according to broadly defined rules which gave certain diseases preference over others.

For example, under this system all infectious diseases had a degree of preference over most other causes and within the infectious disease group itself the major epidemic diseases had a very high preference, being second only to a violent cause of death. This procedure, however, always resulted in a different grouping of the causes from that shown by the Registrar General.

As deaths which were due to or associated with infectious disease became fewer this difference became more apparent, especially in the Pulmonary Tuberculosis group, with the Medical Officer of Health always showing a higher figure than that published by the Registrar General.

In an endeavour to obtain closer approximation with the latter's figures it was decided, as from 1st January, 1961, to select the first major cause as the cause of death, the only exception to this rule being Influenza which continued to have a preference over other causes.

While this change in procedure brought the Medical Officer of Health figures more into line with those of the Registrar General, the difficulties inherent in two Departments separately analysing some thirteen thousand deaths annually still made complete reconciliation of the figures an impossibility.

Difficulties in Classification.—The problem of analysing causes of death for vital statistics is relatively simple when only one cause of death is involved. However, in many cases two or more morbid conditions contribute to the death and in such cases the problem is to select one of these causes for tabulation. This cause has been variously described as "the cause of death," "primary cause of death," "principal cause," etc., but is now generally designated "the underlying cause of death" and may be defined as "the disease or injury which initiated the train of morbid events leading directly to death." The selection of this cause presents no problem when the causal sequence is clear, e.g.,

"Cancer of Colon ;
Intestinal Obstruction ;
Peritonitis ;"

where the underlying cause is obviously the first-mentioned condition. A further example would be—

"Septicaemia ;
Peritonitis ;
Ruptured Appendix ;"

where although the sequence is reversed it is clear that the underlying cause is the last-mentioned condition and this should be taken for statistical tabulation.

However, such clarity in certification is the exception rather than the rule and in many cases the correct causal sequence could only be established by reference to the certifier who is in a better position than any other individual to decide which of the morbid conditions led directly to death. This only the Registrar General is in a position to

do and when one of the causes in those doubtful cases is an infectious disease (principally Tuberculosis) he informs this Department by the use of a stereotype memo. which indicates that " additional information from the certifier " revealed that Tuberculosis either was or was not the cause of death. It is noticeable, however, that in other cases of an equally doubtful nature, for example, where a cause of death is stated to be a neoplasm, cyst or tumour without further definition, such additional information as to whether the tumour was malignant or benign is not provided and consequently there is always a difference between the figures in those two groups—with the Registrar General showing more malignant tumours and fewer of an undetermined nature than the Medical Officer of Health.

International Classification of Causes of Death.—The problem of the statistical treatment of joint causes of death is one that successive international conferences since 1900 have endeavoured to solve. As from 1st January, 1964, a new International Medical Certificate has been in use in Scotland and it is already apparent that the information which this was expressly designed to elicit is, in a large number of cases, not correctly stated.

Where the information on the certificate is inconsistent with a causal sequence, or appears incomplete or equivocal, certain selection rules are applied. It should be emphasised, however, that such rules are arbitrary and cannot constitute a successful substitute for a properly completed certificate or certificates where points of doubt have been clarified by reference to the certifier and this the Registrar General is in a position to do.

In view of these facts, therefore, this Report of this Department has so far as possible made use of the Registrar General's analysis of the cause of death as given in his preliminary statement published in March of each year. This will be supplemented, where more detailed information is required, by other statistics compiled by the statistical section of this Department.

A comparison of the Registrar General's and the Medical Officer's classification of Causes of Death was incorporated in Appendix Table VII in the Report for 1963. In 1964 and this year however, Tables VII and VIII are based entirely on the Registrar General's figures.

Relative Frequency of the Causes of Death.—A comparison is made in the following table of the commonest causes or groups of causes

of death which were together responsible for 86 per cent. and over of all deaths in 1965 and 1964 :—

	Number	1965 Per cent. of all Causes	Number	1964 Per cent. of all Causes
Heart Disease	3,912	30.65	3,809	31.03
Malignant Neoplasms	2,620	20.53	2,510	20.44
Vascular Lesions	1,984	15.55	1,796	14.63
Bronchitis	814	6.38	808	6.58
Violence	654	5.12	668	5.44
Pneumonia	533	4.18	428	3.49
Congenital Malformations and Diseases of Early Infancy	447	3.50	459	3.74
Pulmonary Tuberculosis ...	140	1.10	139	1.13
	<u>11,104</u>	<u>87.01</u>	<u>10,617</u>	<u>86.48</u>

With the exception of Pneumonia, and the group Congenital Malformations and Diseases of Early Infancy, the relative frequency of the eight main causes remains unchanged from 1964. As a result of the increase in deaths from Pneumonia in 1965, this cause takes precedence of Congenital Malformations, etc., in the above table where it now ranks sixth.

An analysis of the provisional figures of the causes of death for the whole of Scotland shows the first three causes as above but followed by Violence, Bronchitis, Pneumonia, Congenital Malformations, etc. and Pulmonary Tuberculosis in that order. Together these eight causes account for 85.8 per cent. of the total deaths compared with the City figure of 87.0. Bronchitis and Pneumonia accounted for a much higher proportion of the City deaths, 6.38 and 4.18 respectively as against 4.54 and 3.26 for the country as a whole. Pulmonary Tuberculosis was not among the first eight causes of death in Scotland in 1965 but it is included here for comparison with the City figure; it accounted for only 0.50 per cent. of all the Scottish deaths compared with 1.10 for Glasgow. In the two major groups, Heart Disease and Vascular Lesions, the proportions were lower for the City; for Scotland the respective figures were 34.17 and 16.69. The proportion of City deaths from Malignant Disease, 20.53, was higher than that for Scotland, 18.97. Deaths from Violent Causes formed a higher proportion of the City deaths, 5.12 compared with the Scottish figure of 4.69. Congenital Malformations and Diseases of Early Infancy accounted for 3.02 of all Scottish deaths compared with 3.50 of the City total.

CAUSES OF DEATH.

The following table is a summary of the causes of death as shown in the Registrar General's provisional return for each year (see Appendix Table VII) arranged in the principal groups according to the international Classification adopted in 1950. The rates for each year have been calculated on the mid-year population.

SUMMARY OF DEATH RATES* PER MILLION FROM PRINCIPAL CAUSES.

	1965	1964	1963
General Diseases—			
(a) Infective and Parasitic Diseases	22	38	31
(b) Tuberculosis—			
(1) Respiratory	140	136	200
(2) Non-Respiratory	8	9	4
(c) Malignant (Cancer, etc.)	2,617	2,464	2,415
Diseases of the Nervous System (including Mental Disorders)	2,176	1,937	2,143
Diseases of the Circulatory System	4,275	4,163	4,521
Diseases of Respiratory System (including Influenza)	1,449	1,310	1,760
Diseases of Digestive System	358	342	385
Congenital Defects and Diseases of Early Infancy	447	451	484
Violence	654	655	661
All Other Causes	605	548	633
	<u>12,751</u>	<u>12,053</u>	<u>13,237</u>

* Calculated on the mid-year populations.

Infective and Parasitic Disease.—The number of deaths in this group in 1965 was 22, a decrease of 16 from 1964 and the smallest total yet recorded. More than half this number (15) were in the group "Other infective and parasitic disease" to which, in 1964, 25 deaths had been allotted. The Registrar General (in his annual return) groups typhoid fever, scarlet fever, streptococcal sore throat, diphtheria and acute infectious encephalitis with a variety of other infections, such as Infective Hepatitis, under this one heading. Scrutiny of the Department's own records showed that there were no deaths in 1965 from any of these diseases except Infective Hepatitis to which were attributed the deaths of two men (aged 58 and 67 years), three women (aged 56, 63 and 66 years) and an 8-month old baby girl.

There were two deaths from Dysentery (a baby girl of two weeks and a 70-year old woman). This is the same number of deaths as in 1964. The five deaths from meningococcal infections were three fewer than in the previous year. Two were babies of six months and the ages of the other three were respectively 1, 3 and 4 years.

Deaths from diarrhoea, formerly referred to this section, will be found under the heading " Digestive Diseases " on page 66.

Tuberculosis.—The Registrar General in classifying a death generally accepts the first mentioned cause in preference to tuberculosis where this and certain other diseases appear together on the death certificate. In an endeavour to obtain as exact an estimate as possible of the extent of the tuberculosis prevalence in the City it has been the practice of this Department to classify, as a tuberculosis death, most instances where this disease appears on the certificate, whether or not associated with another cause to which the Registrar General would accord priority. From 1950 to 1960 the only exceptions to this rule were in favour of violent causes and infectious diseases.

From 1st January, 1961, however, these two causes have no longer been accorded priority. The effect of this change is most noticeable in the sharp reduction in deaths from pulmonary tuberculosis.

Up till 1949 there was little material difference between the two sets of figures but this discrepancy became more pronounced from 1950 onwards. The following table shows the trend during this period and the close approximation to the Registrar General's figure in 1961 following the change of procedure.

DEATH RATES PER 100,000 FROM TUBERCULOSIS IN GLASGOW,
1950 TO 1965. COMPARISON WITH REGISTRAR GENERAL'S FIGURES.

	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis	
	Medical Officer of Health	Registrar General	Medical Officer of Health	Registrar General
1950	87	84	12	11
1951	64	60	9	9
1952	52	49	7	6
1953	43	40	4	3
1954	39	34	3	3
1955	34	28	3	3
1956	34	25	2	2
1957	33	24	2	2
1958	35	26	2	1
1959	27	20	2.5	2
1960	28	19	1.7	2
1961	18	17	1.2	2
1962	18	18	1.2	—
1963	21	20	0.4	—
1964	15	14	1.2	0.9
1965	16	14	0.9	0.8

The death rates are given in preference to the actual number of deaths in order that this table may be compared with that given in the Tuberculosis Section of this Report where the Glasgow death rates are compared with those of other towns.

In 1965, the Registrar General attributed 140 deaths to Pulmonary Tuberculosis, one more than in 1964 but 67 fewer than in 1963. The rate (calculated on the midyear population) was 140 per million compared with 136 in 1964 which had been the lowest yet recorded in the City. The chart on page 246 (based throughout on the Registrar General's figures) shows how the rate, which had fallen from 113 per 100,000 in 1948 to 17 in 1961, showed a tendency to rise again in 1962 and 1963.

Male deaths, still almost three times as many as the female (101 and 39 respectively in 1965) formed a still smaller proportion, 72 per cent. of the total deaths than in 1964 (73 per cent.). Two of the male deaths were under 25 years of age and 25 under 55 years. Thirty-six were under, and 38 over, 65 years. Among the females, more than half the deaths (21) were at ages 25 to 54 and the remaining 18 over 55 years. There were no deaths under 25 years.

The following table shows the age distribution of the deaths attributed to Pulmonary Tuberculosis by the Registrar General (stated as a percentage of the total).

MALES—	- 15	- 25	- 35	- 45	- 55	- 65	65 +	All Ages
1951	... 2.2	9.4	14.2	15.9	20.1	25.3	12.9	100.0
1961	... —	—	3.9	14.1	21.1	22.6	38.3	100.0
1962	... 0.7	0.7	3.5	12.6	16.8	32.8	32.9	100.0
1963	... —	—	—	7.8	17.7	28.1	46.4	100.0
1964	... —	—	1.9	4.9	15.7	35.3	42.2	100.0
1965	... 1.0	1.0	1.0	7.9	15.8	35.7	37.6	100.0
FEMALES—								
1951	... 6.0	28.5	24.5	18.9	9.7	6.4	6.0	100.0
1961	... —	—	20.4	24.1	20.4	16.6	18.5	100.0
1962	... —	2.5	15.0	25.0	20.0	17.5	20.0	100.0
1963	... 1.8	1.8	13.0	27.8	16.6	20.4	18.6	100.0
1964	... —	—	16.2	21.6	29.8	8.1	24.3	100.0
1965	... —	—	2.6	23.1	28.2	10.2	35.9	100.0

This sex difference in the age distribution of mortality from the pulmonary form of the disease should be compared with the following table in which the rates for each sex and age group are based on the respective Census populations :—

PULMONARY TUBERCULOSIS :									
RATES PER THOUSAND POPULATION IN EACH AGE GROUP.									
	-15	-20	-25	-35	-45	-55	-65	65+	All Ages
MALES—									
1930-32 ...	0.17	0.95	1.35	1.22	1.54	1.59	1.21	0.76	0.96
1950-52 ...	0.10	0.24	0.73	0.74	0.95	1.36	2.02	1.49	0.82
1960-62 ...	—	—	—	0.09	0.28	0.45	0.99	1.58	0.33
FEMALES—									
1930-32 ...	0.26	1.47	1.41	1.11	0.79	0.62	0.60	0.23	0.75
1950-52 ...	0.12	0.67	1.40	1.08	0.66	0.35	0.39	0.30	0.55
1960-62 ...	0.01	—	—	0.16	0.19	0.15	0.16	0.20	0.10

Deaths from non-respiratory tuberculosis totalled eight in 1965, one less than in 1964. Of the four male deaths, one was in the age-group 25 to 35 and the other three over 45 years. Two of the four females were between 15 and 25, one was under 35 and the fourth over 75 years of age.

Diseases of the Nervous System.—There were 205 more deaths in this group than in 1964 but the total for that year, 1,796, was unusually low and the 1965 figure of 2,178 therefore is a reversion to the level of mortality which prevailed in the two preceding years, 1962 and 1963. Vascular Lesions which rank third in the list of major causes of death, accounted for 1,984 deaths (91.1 per cent. of all the deaths in this group) compared with 1,796 (91.0 per cent.) in 1964. Eleven deaths were allotted to non-meningococcal meningitis, eight fewer than in 1964. There was some increase also in the deaths allotted to the miscellaneous group "Other Diseases of the Nervous System," 183 compared with 158 in 1964.

Diseases of the Circulatory System.—This, the major group of causes of death, accounted in 1965 for 4,278 deaths, 33.5 per cent. of the deaths from all causes, a smaller proportion than in 1964 (34.5). In 1964 deaths in this group totalled 4,240. Of these 4,278 deaths, 80.61 per cent. were due to arterio-sclerotic and degenerative heart disease, which in 1965 accounted for 3,448 deaths, 115 more than in 1964. The Registrar General in his Annual Return now distinguishes Degenerative Heart Disease from Arterio-Sclerotic Heart Disease and includes coronary disease in the latter, allotting 2,654 deaths to this heading in 1965.

An analysis of the records of this Department shows that of 3,413 deaths attributed to Arterio-Sclerotic and Degenerative Heart Disease, 2,594 were allotted to Coronary Thrombosis. This is equivalent to 76.0 per cent., a smaller proportion than in 1964, 77.5 per cent.

Mortality from coronary disease is consistently higher in men than in women, as the following table (compiled in this Department) shows :—

		Males	Females	Total
1954	...	958	555	1,513
1955	...	1,062	609	1,671
1956	...	1,102	637	1,739
1957	...	1,151	717	1,868
1958	...	1,235	690	1,925
1959	...	1,238	723	1,961
1960	...	1,313	803	2,116
1961	...	1,392	883	2,275
1962	...	1,472	918	2,390
1963	...	1,505	935	2,440
1964	...	1,600	974	2,574
1965	...	1,545	1,049	2,594

The age distribution of these 2,594 deaths shows a marked sex disparity :—

		-35	-45	-55	-65	-75	75+	All Ages
Males	...	12	58	193	504	454	324	1,545
Females	...	3	14	67	196	379	390	1,049

Deaths from coronary disease at ages under 55 formed a somewhat smaller proportion (17.0 per cent.) of all male deaths from this cause than in 1964 (18.9). In females this proportion was 8.0, a larger proportion than in 1964 (7.1 per cent.) and one very similar to that of 1963 (8.1).

In addition there were six deaths from angina pectoris (four male and two female), twice the number in 1964. Only one (a female) was under 55 years.

The Registrar General attributes 161 deaths to chronic rheumatic heart disease, as against 175 in 1964. Deaths among females greatly outnumber the male deaths, 119 and 42 respectively. Only five were in the 15 to 24 age group and 20 over 75 years. In 1965 the heaviest mortality was at ages 55 to 64 years. There were no deaths from rheumatic fever. One hundred and sixty-three deaths were allotted to Hypertensive Heart Disease (176 in 1964) and 85 to "Other Hypertensive Disease" (107 in 1964). "Other Diseases of the Heart" accounted for 140 deaths (125 in 1964) and "Other Circulatory Disease" for 281 (322 in 1964).

Diseases of the Respiratory System.—There were more deaths from respiratory disease in 1965, 1,451 compared with 1,335 in 1964. The rate which had fallen from 1,760 per million in 1963 to 1,310 in 1964, rose again in 1965 to 1,449. The increase was due to pneumonia which accounted for 533 deaths in 1965 as against 428 in 1964. The rate, 420 per million in 1964 rose to 532 in 1965. Eight hundred and fourteen deaths were attributed to bronchitis, six more than in the previous year. This is equivalent to 56·1 per cent. of all the deaths in the group, a much lower proportion than in 1964 (60·5). A detailed review of the age, sex and seasonal distribution of the deaths from bronchitis and pneumonia will be found in the Infectious Disease Section, at page 240 of this Report. Seventeen deaths were attributed to influenza, one more than in 1964. A variety of causes in "Other Respiratory Diseases" accounted for 87 deaths, four more than in the previous year.

Diseases of the Digestive System.—There was some increase in the deaths from digestive disease, 358 as against 248 in 1964. The death-rate, which had fallen from 385 per million in 1963 to 342 in 1964, rose again in 1965 to 358. The major single cause in this group, ulcer of the stomach and duodenum, accounted for 76 deaths compared with 88 in 1964 and 102 in 1963. The rate was reduced from 86 in 1964 to 76 in 1965. Deaths from intestinal obstruction and hernia (73) were one more than in 1964. Cirrhosis of the liver was responsible for 48 deaths, the same number as in the previous year. "Other Diseases of the Liver" accounted for 35 deaths (4 more than in 1964) and "Other Digestive Diseases" for 50 (seven more). Deaths from appendicitis which had remained at the same level (10) in each of the three previous years, increased to 18 in 1965. The Registrar General, in his annual return combines "Gastritis and Duodenitis" with "Diarrhoea" (except of the new-born) under the heading "Gastritis, Duodenitis, Enteritis and Colitis (except diarrhoea of the newborn)" and allotted 58 deaths to this sub-group in 1965. In 1964 there were 56 deaths of which 25 were attributed to "Gastroenteritis (4 weeks to 2 years)"; 7 to "Gastroenteritis (2 years and over)"; and 20 to "Chronic Enteritis and Ulcerative Colitis."

Of the 58 deaths in 1965, 17 (8 male and 9 female) were under one year of age, 5 (2 male and 3 female) were under 5 years and the remainder, over 15 years.

Congenital Defects and Diseases of Early Infancy.—With the exception of the deaths from congenital malformations, all the deaths attributed to this group occur at ages under 1 year and these are

discussed in the appropriate section of Maternity and Child Welfare. A large proportion of the deaths from congenital malformation also occur before 1 year of age (in 1965, 106 of the 146 deaths were in this age group) but the mortality is not confined to this age group and the deaths, though relatively small in number, are widely distributed throughout all the age groups, the over 65's not excepted. The physical handicap of a congenital defect does not apparently curtail the normal lifespan—a fact of some importance in the provision of welfare services for those severely incapacitated by a congenital defect.

The distribution of the deaths from congenital malformations in 1965 is compared with 1951, 1961 and subsequent years as follows :—

MALES—		- 1	- 5	- 15	- 45	- 65	65+	All Ages
1951	...	70	7	3	2	1	1	84
1961	...	73	8	7	5	4	3	100
1962	...	79	8	5	11	1	1	105
1963	...	67	10	3	2	4	—	86
1964	...	48	5	1	6	2	1	63
1965	...	57	8	3	6	4	—	78
FEMALES—								
1951	...	55	2	3	3	6	1	70
1961	...	74	5	6	2	4	1	92
1962	...	70	9	7	5	6	—	97
1963	...	65	5	3	3	2	—	78
1964	...	52	6	1	3	1	1	64
1965	...	49	7	4	3	5	—	68

The Registrar General's provisional return for 1965 gives the sex and age distribution of these 146 deaths in three main groups as follows :—

		- 1	- 5	- 15	- 45	- 65	65+	Total
Congenital Malformations of the Nervous System and Sense Organs ...								
	M.	18	2	—	—	—	—	20
	F.	18	3	2	1	—	—	24
of the Circulatory System								
	M.	21	1	2	5	2	—	31
	F.	20	4	2	1	1	—	28
Other forms ...								
	M.	18	5	1	1	2	—	27
	F.	11	—	—	1	4	—	16
Total		106	15	7	9	9	—	146

Malignant Disease.—This major cause of death illustrates very clearly the difficulty in classification discussed in last year's Annual Report (at page 58). It was there pointed out that where a cause of death is stated to be a neoplasm, cyst or tumour without further definition, such additional information as to whether the tumour was malignant or benign is all too often not provided and can be obtained

only from the certifier and consequently there is always a difference between the figures in those two groups—the Registrar General showing more malignant tumours and fewer of an undetermined nature than the Medical Officer of Health. This is clearly shown in the following table which compares the deaths in the years 1963, 1964 and 1965 from Malignant and Benign Neoplasms as shown respectively by the Registrar General and this Department :—

	1965		1964		1963	
	R.G.	M.O.H.	R.G.	M.O.H.	R.G.	M.O.H.
Malignant Neoplasms	2,620	2,522	2,510	2,421	2,503	2,435
Benign and Unspecified Neoplasms	21	60	22	74	27	74
	<u>2,641</u>	<u>2,582</u>	<u>2,532</u>	<u>2,495</u>	<u>2,530</u>	<u>2,509</u>

A comparison of the death rates per million for Malignant Disease for certain years from 1951 onwards, as computed on the Registrar General's figures and on those of the Medical Officer of Health, is as follows :—

	R.G.	M.O.H.
1951	2,074	2,002
1961	2,289	2,219
1962	2,401	2,332
1963	2,415	2,366
1964	2,464	2,377
1965	2,617	2,520

The following table (based on this Department's own figures) which relates the deaths from cancer for each sex and in each group shows the higher proportion of deaths from cancer among males and the tendency of this proportion to increase, while that for females has remained relatively stationary.

DEATHS FROM CANCER AS A PERCENTAGE OF DEATHS FROM ALL CAUSES FOR EACH SEX AND IN EACH AGE GROUP.

	-15	-25	-35	-45	-55	-65	-75	75+	All Ages
MALES—									
1930/32 ...	0.17	1.83	2.78	6.80	12.79	17.95	15.38	8.12	8.73
1950/52 ...	1.38	6.93	12.76	16.76	22.07	22.24	18.34	11.96	16.10
1960/62 ...	1.67	10.88	14.65	19.94	25.22	27.11	21.28	13.62	19.34
FEMALES—									
1930/32 ...	0.12	0.65	3.91	11.76	21.41	21.69	15.31	8.19	10.24
1950/52 ...	0.98	3.43	8.94	22.76	27.05	25.02	17.36	9.24	15.11
1960/62 ...	2.28	5.61	19.83	28.35	36.58	25.11	17.20	10.97	16.51

The sex ratio of the deaths from cancer is shown from 1931 onwards in the following table. The greater increase in the female deaths from cancer in 1965, twice that of the males, reduced this ratio from 132 in 1964 to 125 in 1965.

RATIO : MALES TO 100 FEMALES.

1931	...	97	1962	...	132
1941	...	103	1963	...	145
1951	...	113	1964	...	132
1961	...	131	1965	...	125

This male preponderance obtains at all ages as the following table (compiled on this Department's figures) will show :—

MALE DEATHS AS A RATIO OF 100 FEMALE DEATHS :

	- 15	- 25	- 35	- 45	- 55	- 65	- 75	75+	All Ages
1930-32 ...	114	271	60	66	76	102	111	68	92
1950-52 ...	180	150	120	83	126	123	118	106	116
1960-62 ...	96	350	96	104	115	193	140	90	132
1965 ...	100	150	60	94	118	161	134	95	125

In the age period 45 to 55 there occurs in both sexes a sharp rise in the number of deaths from cancer. The table on page 72 shows the heaviest mortality in males to be between the ages of 55 and 75, whereas in the females it is more evenly distributed over the last three age groups, 55 to over 75. In 1965, 63·5 per cent. of all the male deaths occurred between the ages of 55 and 75 and 19·7 at ages 75 and over. In 1964 the respective ratios were 62·3 per cent. and 18·3 per cent. In females the proportion in the lower age group was 54·5 per cent., a slight decrease from the previous year (54·7). At ages over 75, however, the proportion was higher, 26·1 per cent. as against 24·0 per cent. in 1964. The same proportions apply to the Registrar General's figures for both male and female deaths between 55 and 75 but are slightly higher at ages over 75 years (19·8 and 26·2 respectively).

The following table shows the age distribution as a percentage of the total cancer deaths in each sex in 1965 (departmental figures).

	1965	- 15	- 25	- 35	- 45	- 55	- 65	- 75	75+	All Ages
Males ...	0·6	0·4	0·7	3·5	11·6	31·9	31·6	19·8	100·0	
Females	0·7	0·4	1·3	4·7	12·3	24·9	29·6	26·1	100·0	

Apart from a slight recession in 1954, 1957 and 1959, male mortality has increased steadily since 1951. Of the 2,620 deaths attributed by the Registrar General, 1,467 were males, 37 more than in 1963. Female deaths on the other hand totalled 1,153, an increase of 73.

The Registrar General's provisional return classifies these deaths in three main groups only—malignant neoplasms of the respiratory system, of the lymphatic and haematopoietic tissues, and "all other."

The deaths so allotted are shown as follows, compared with those for the two previous years :—

<i>Malignant Neoplasms—</i>					1965	1964	1963
of the respiratory system	...	...	M.	695	704	679
			F.	164	155	128	
of the lymphatic and haematopoietic tissues	...	...	M.	63	64	78
			F.	49	50	55	
All other forms	...	...	M.	709	662	730
			F.	940	875	864	
All Forms	...		M.	1,467	1,430	1,487	
			F.	1,153	1,080	1,016	

These figures should be compared with the following which have been obtained from the analysis of cancer deaths carried out by the Statistical Section of this Department. Of the 1,403 male deaths attributed to cancer in 1965, 659 or 47·0 per cent. were attributed to cancer of the respiratory organs, the corresponding percentage of the female deaths being only 14·1 per cent. The trend of this form of cancer is clearly shown in the following table which compares the male and female deaths from cancer of the respiratory and the digestive organs over a period of some years :—

		Average			1963	1964	1965
		1932/41	1942/51	1952/61			
MALES—							
Respiratory Organs	...	96	244	518	652	666	659
Digestive Organs	...	491	554	483	467	422	457
FEMALES—							
Respiratory Organs	...	38	69	100	122	140	158
Digestive Organs	...	429	473	453	374	371	437

In 190 of the 457 male and 160 of the 437 female deaths from cancer of the digestive organs, the site of the disease was located in the stomach and small intestine. This is an increase of 46 on the 1964 figure of 170 male and 134 female deaths. The deaths from cancer of this site in 1965 are compared, as follows, with the average for each of the three preceding ten-year periods :—

DEATHS FROM CANCER OF THE STOMACH AND INTESTINE.

		Average			1963	1964	1965
		1932/41	1942/51	1952/61			
Males	...	190	219	201	163	170	190
Females	...	161	179	174	147	134	160

Deaths from cancer of the rectum were three fewer, 89 compared with 92 in 1964. The male deaths numbered 44 as against 45 female deaths. There were five more deaths from cancer of the liver and biliary passages, 47 as against 42 in 1964, and of these 27 were female. The number of deaths from cancer of the pancreas increased to 94, as against 84 in 1964 and of these, 56 were males and 38 females. The sub-group

“Other Digestive Organs” accounted for 247 deaths, 46 more than in 1964. Cancer of the large intestine, usually included in “Other Digestive Organs” is responsible for most of the deaths in this group.

Deaths from cancer of the buccal cavity and pharynx were 35, the same number as in 1964. There were 25 male and 10 female deaths. Male deaths from cancer of this site have shown a marked decline since the 1930's in comparison with the female mortality which has been showing a tendency to increase.

DEATHS FROM CANCER OF THE BUCCAL CAVITY AND PHARYNX.

				Average			1963	1964	1965
				1932/41	1942/51	1952/61			
Males	...	...	...	70	57	36	24	16	25
Females	...	...	...	11	13	15	14	19	10

Deaths from cancer of the breast, which after cancer of the stomach, is the most common form of death from cancer in the female, increased by sixteen, 185 as against 169 in 1964. Of this number 19 were under 45 years, and 82 at ages over 65.

Deaths from cancer of the lymphatic and haematopoietic tissues in 1964 were also fewer, 115 compared with 117 in 1964 and 128 in 1963. There were 59 male deaths and 56 female. Of this total of 115 only seven were under 15 years of age.

Most of the deaths in this group are due to leukaemia, a form of cancer which has attracted some attention in recent years owing to the fact that a larger proportion of the cases than in other kinds of malignant disease occur in children. Since 1951 deaths from leukaemia have varied between 34 and 40 a year. In 1965 there were 48 deaths compared with 50 in 1964. Of these 48 deaths (29 male and 19 female), three were under five years of age, one less than in 1964. The distribution throughout the age groups is shown as follows for 1965 and the six previous years :—

	-1	-2	-5	-20	-45	-55	-65	-75	75+	All Ages	
1957	...	1	1	5	2	4	6	7	15	9	50
1958	...	—	1	5	2	11	8	11	11	10	59
1959	...	—	—	2	2	3	8	17	9	7	48
1960	...	—	—	2	6	10	7	10	9	7	51
1961	...	—	1	5	3	4	1	13	8	9	44
1962	...	1	1	—	4	7	1	6	8	5	33
1963	...	—	1	3	6	3	8	7	10	11	49
1964	...	—	—	4	2	7	6	12	12	7	50
1965	...	—	1	2	3	4	8	9	11	10	48

Details of the age and sex distribution of cancer with respect to the site of the disease are given in the table on the next page. The totals of both sexes for certain earlier years are shown for comparison.

GLASGOW, 1965—DEATHS FROM CANCER IN THE DIFFERENT SITES AS GIVEN IN THE INTERNATIONAL LIST OF CAUSES OF DEATH.
(as compiled in this Department.)

SITE OF LESION	MALES										FEMALES					Both SEXES		All ages					
	-15	-25	-35	-45	-55	-65	-75	75+	Total	-15	-25	-35	-45	-55	-65	-75	75+	Total	1965	1964	1954	1944	
Buccal Cavity and Pharynx ...	—	—	—	—	—	6	8	11	25	—	—	—	2	—	—	2	1	5	10	35	35	81	75
Digestive Organs and Peritoneum—	—	—	—	2	4	11	10	12	39	—	—	—	1	—	—	8	8	9	27	66	63	59	53
(a) Oesophagus ...	—	—	—	9	23	62	58	38	190	—	—	—	1	4	8	29	55	63	160	350	304	332	352
(b) Stomach and small Intestine including Duodenum ...	—	—	—	1	2	10	19	12	44	—	—	—	1	—	4	15	11	14	45	89	92	122	141
(c) Rectum ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Liver and Biliary Passage ...	—	—	—	1	3	8	8	—	20	—	—	—	—	—	—	6	11	9	27	47	42	55	61
(e) Pancreas ...	—	—	—	1	3	6	22	16	56	—	—	—	—	—	3	12	11	12	38	94	84	70	45
(f) Peritoneum ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	7	9	6
(g) Other Digestive Organs ...	—	—	—	1	1	5	29	34	107	—	—	—	2	8	33	47	48	140	247	201	294	293	
Respiratory Organs ...	1	—	2	18	94	248	214	82	659	—	—	1	13	27	60	86	20	158	817	806	543	227	
Uterus ...	—	—	—	—	—	—	—	—	—	—	—	—	5	15	12	24	14	70	70	79	95	95	
Other Female Genital Organs ...	—	—	—	—	—	—	—	—	—	—	—	—	1	4	12	23	13	75	75	73	54	39	
Breast ...	—	—	—	—	—	—	—	—	—	—	—	—	5	14	37	47	49	185	185	169	155	141	
Male Genito-Urinary Organs ...	—	2	2	—	—	10	19	35	68	—	—	—	—	—	—	—	—	—	68	79	63	57	
Skin ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	9	16	24	18	15	13
Lymphatic and Haematopoietic Tissues ...	3	2	—	6	12	11	16	9	59	4	2	2	4	16	8	11	9	56	115	117	92	177	
Other or Unspecified Organs ...	4	2	2	7	14	31	41	26	127	3	1	—	4	6	23	41	34	112	239	252	199	—	
Totals ...	8	6	9	49	163	448	443	277	1,403	8	4	15	52	138	279	331	292	1,119	2,522	2,421	2,238	1,775	

Deaths from Violence.—In 1965 Violent Causes ranked fifth as a major cause of death in Glasgow, the Registrar General in his provisional return allotting 654 deaths to this group. This, however, is another improvement on the two previous years' totals (668 in 1964 and 685 in 1963) but equivalent to 22·2 per cent. of all the Scottish deaths from Violent Causes, a larger proportion than in the previous year (21·8). The death-rate was 654 per million as against 655 in 1964.

The following table shows the sex and age distribution of the deaths allotted to this group by the Registrar General in 1951 and from 1961 to date :—

Year	Males					Total	Females					Total
	-5	-15	-45	-65	65+		-5	-15	-45	-65	65+	
1951	40	38	86	84	84	332	35	9	28	35	99	206
1961	26	26	121	123	83	379	22	10	21	38	114	205
1962	31	29	133	147	91	431	20	10	40	58	114	242
1963	41	32	132	142	83	430	28	4	49	58	116	255
1964	36	33	100	134	104	407	28	12	48	53	120	261
1965	40	24	131	131	99	425	14	12	38	50	115	229

The decrease was confined to the female deaths, 229 as against 261 in 1964. Male deaths increased from 407 in 1964 to 425 in 1965. The male predominance which prevails in this group of causes of death was apparent in each age group under 65 years. Over 65 years female deaths totalled 115 compared with 99 male deaths.

A full analysis of the various causes of accidental death is provided by the Registrar General in his Annual Reports. The Report for 1965 will not, however, be published till later this year and the only information available therefore is that given in the Registrar's provisional return as follows, with those of 1964 and 1963 for comparison :—

<i>Number of deaths from—</i>	1965	1964	1963
Motor Vehicle Accidents	171	157	156
Other Road Vehicle Accidents	3	1	1
Accidents in the Home	255	266	281
Other Violence (BE 50)	133	144	141
Suicide and Self-inflicted Injury	92	100	106
	<u>654</u>	<u>668</u>	<u>685</u>

These figures may be compared with those supplied by the Statistical Section of this Department, an analysis of which according to sex, age and type of accident is shown on page 76. A discussion of the latter now follows.

In 1965 Inhalation and Ingestion of food accounted for 24 of the 31 accidental deaths under one year of age (77 per cent.) and

accidental mechanical suffocation (i.e., by blankets, pillow or overlaying) for other 5 (16 per cent.). In the age group 1-5 years accidents involving motor vehicles accounted for 10 of the 25 deaths in this age group. Details are given elsewhere in this Report (in Section III—Maternity and Child Welfare, at page 91) of the deaths of infants and toddlers as a result of accidents in the home. In addition, this same section contains analyses of all accident cases treated by the City hospitals and of burning and scalding accidents in children under 15 years of age.

Burning and scalding accidents in school children aged 5 to 10 years are also investigated by the School Health Visitors and a full report on these will be found in Section IV at page 154.

The usual marked disproportion between the male and female deaths in the age group 5 to 10 years was again apparent in 1965 when all but eight of the 24 deaths were male. Six of these male deaths were due to motor vehicle accidents, five to drowning, one to a fall. The nature of the accident was not given in the remaining four.

Motor vehicle accidents accounted for six of the eight female deaths, burns for one and one was unspecified.

At ages over 65 years female deaths preponderate. In 1965 there were 99 male deaths and 121 female. This is equivalent to 23 per cent. of the male deaths and 51 per cent. of the female deaths from Violent Causes. The respective figures for 1964 were 27 per cent. and 45 per cent.

An analysis of the deaths *at ages 65 years and over* shows the following distribution of common causes of deaths from violence compared with the 112 male and 117 female deaths in 1964:—

PERCENTAGE OF TOTAL DEATHS FROM VIOLENT CAUSES.
AT AGES OVER 65 YEARS.

	Males		Females	
	1965	1964	1964	1964
Falls	16.2	25.9	44.6	35.9
Road Accidents	19.2	19.6	12.4	12.8
Poisoning (Gas and Drugs)	25.2	17.0	17.4	17.1
Drowning	2.0	3.6	—	2.6
Burns	6.1	3.6	6.6	10.3
Suicide	—	5.4	0.8	0.8
Other Violence (including Homicide)	9.1	7.1	5.0	4.3
Unspecified	22.2	17.8	13.2	16.2
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

Falls are by far the most common type of accident in persons over 65 years—especially so among women as the above table shows. This female preponderance was intensified in 1965 when only sixteen of the 70 deaths from this type of accident were males. In 1964 male deaths totalled 29 compared with 42 female. Deaths from burns were fewer this year, 14 as against 16 in 1964. Eight were women, four of whom died from burns received when their clothing became ignited at an electric radiator or gas fire, etc. Thirty-eight deaths (20 male and 18 female) were attributed to accidental poisoning by coal gas or carbon monoxide, eight more than in the previous year. Accidental poisoning by drugs resulted in eight deaths (five male and three female) one less than in 1964.

In a very great number of deaths no information is given as to the nature of the accident or the circumstances in which it occurred and in 1965 there were 38 such deaths, 22 males and 16 females. This is one less than in 1964.

Home Accidents.—The Registrar General now classifies certain deaths as home accidents and in his 1965 Return shows 255 deaths at all ages in this category. This figure may be compared with those of the previous years from 1962 to date, as follows :—

		1962	1963	1964	1965
Males	...	151	134	134	142
Females	...	129	147	132	113
Total	...	<u>280</u>	<u>281</u>	<u>266</u>	<u>255</u>

This total of 255 is the equivalent of 39 per cent. of all the deaths from Violent Causes, and is higher than the Scottish rate of 36 per cent.

The proportion of all female deaths from Violent Causes due to an accident in the home was 49·3 compared with only 33·4 in males. The rates for Scotland were 50·5 and 26·6 per cent. respectively.

One hundred and fifteen (45·1 per cent.) of the deaths from home accidents were at ages 65 years and over, the proportion being much higher in the females—59·3 per cent. as against 33·8 per cent. in the males.

Road Accidents.—Road traffic which is always a hazard for old people was responsible in 1965 (according to the Registrar General) for 54 deaths (28 male and 26 female) of persons aged 65 and over. That is to say only 23 per cent. of all the male deaths from road accidents

were aged 65 years and over, compared with 48 per cent. of the female deaths.

SEX AND AGE DISTRIBUTION OF DEATHS FROM VIOLENT CAUSES.
1965, COMPARED WITH THE TOTALS FOR 1964 AND 1963.

Long Code Number				-1	-5	-15	-45	-65	65+	Total All Ages		
										1965	1964	1963
802	Railway and other Train accident	M	—	2	—	2	2	2	8	5	7	
		F	—	—	—	—	—	—	—	—	—	
825	Motor Vehicle Accident	M	—	9	11	30	12	19	81	80	77	
		F	—	1	7	6	7	15	36	42	43	
858 & 866	Water and Other Transport Accident (incl. Air Transport)	M	—	—	—	—	—	—	—	1	1	
		F	—	—	—	—	—	—	—	—	—	
888	Accidental Poisoning by Drugs	M	—	—	—	12	17	5	34	29	29	
		F	—	—	—	11	8	3	22	26	19	
890/895	Accidental Poisoning by Gases and Vapours	M	—	—	—	17	27	20	64	52	65	
		F	—	—	—	7	11	18	36	44	37	
904	Accidental Falls	M	—	1	1	4	12	16	34	52	44	
		F	—	—	1	—	1	54	56	49	62	
910/915 & 919	Other Accidents (falling objects, machinery, cutting piercing instruments, electric current).	M	—	1	1	4	1	1	8	4	11	
		F	—	—	—	1	—	—	1	1	1	
916/917	Burns and Scalds	M	1	2	—	4	13	6	26	12	19	
		F	—	2	1	2	5	8	18	20	21	
921/923	Inhalation and Ingestion of Food	M	15	—	—	3	2	4	24	24	14	
		F	9	—	—	1	3	1	14	13	10	
924/925	Accidental Mechanical Suffocation	M	5	—	—	1	3	—	9	5	5	
		F	—	—	—	1	—	—	1	3	5	
929	Accidental Drowning	M	—	2	5	9	9	2	27	37	36	
		F	—	—	—	3	—	—	3	7	7	
930-932 & 934-936	Other and unspecified accidents	M	1	3	6	29	24	22	85	77	63	
		F	—	1	3	3	10	16	33	34	20	
950/958	Therapeutic Misadventure	M	—	—	—	—	—	—	—	2	—	
		F	—	—	—	—	—	2	2	2	—	
956/960/965	Late Effects of Violent Causes	M	—	—	—	—	—	1	1	1	6	
		F	—	—	—	—	—	1	1	2	1	
926	Lack of Care of Infants under 1 year	M	—	—	—	—	—	—	—	2	1	
		F	—	—	—	—	—	—	—	3	1	
970/979	Suicide	M	—	—	—	3	4	—	7	19	30	
		F	—	—	—	—	5	1	6	6	16	
980/985	Homicide	M	—	—	—	11	6	—	17	7	12	
		F	—	1	—	2	1	1	5	10	2	
933	Hunger, Thirst, Exposure	M	—	—	—	—	—	1	1	3	1	
		F	—	—	—	—	—	1	1	—	1	
Totals		M	22	20	24	129	132	99	426	—	—	
		F	9	5	12	37	51	121	235	—	—	
Grand Totals 1965 ...			31	25	36	166	183	220	661	—	—	
1964 ...			34	31	45	148	187	229	—	674	—	
1963 ...			35	32	37	179	191	193	—	—	667	

SECTION III

MATERNITY AND CHILD WELFARE.

During 1965 the number of births was 20,846 live births and 431 stillbirths, giving a total of 21,277 births. The number of infant deaths was 586, showing a continuing decrease from 1964, when 642 deaths occurred and giving an infant mortality rate of 28·1, as compared with 28·6 in 1964. The number of stillbirths was 431, 16 less than in 1964.

Of the 586 infant deaths, 328 occurred under the age of one week. Congenital malformations, atelectasis, respiratory disease, prematurity and birth injury were the main causes of death.

It is satisfactory to report that the increase in rickets appears to have been arrested. During 1965 only five cases were reported from the Royal Hospital for Sick Children and of these three were immigrant children. The necessity for feeding babies on dried milk at least until one year old and for giving vitamin D has been stressed by Child Welfare Medical Officers and health visitors throughout the City, and the improved standard of nutrition reflects the success of their teaching. Towards the end of the year a second dietitian was appointed to the Child Welfare staff.

The nutritional problems encountered during recent years and the return of rickets to the City made it advisable to consider the possibility of creating in Glasgow a research unit for the more detailed investigation of child health and development. Following on discussions with Professor J. H. Hutchison, Professor of Child Health at the University of Glasgow, the value of such a unit was established, to be supervised and administered jointly by the Professor of Child Health and the Medical Officer of Health. The project would be for an experimental period of, say, five years.

Application was made to the Scottish Hospitals Endowment Research Trust by Professor Hutchison for funds to set up such a unit. A grant of £6,200 per annum was made for the period of five years, and the University appointed Dr. Alwyn Smith as Senior Lecturer and Executive Physician. The post of Assistant Executive Physician was filled by Dr. Frances N. W. Hamilton, one of the Medical Officers of the Maternity and Child Welfare Section who was already familiar with public health problems of the City and with the administrative organisation of the Health and Welfare Department. Other staff included a scientific assistant experienced in research methods and

nutritional surveys; a statistician; a personal secretary; and a number of health visitors to be available part-time or whole-time, according to the needs of the unit from time to time.

The purpose of such a unit is to examine the particular problems and difficulties that Glasgow presents in relation to the incidence or morbidity in infancy and childhood, including such factors as high perinatal, antenatal and postnatal morbidity and mortality rates, the high incidence of iron deficiency anaemia, and the health status of children in families with poor social standards and overcrowding. The unit which is located in the Health and Welfare Department and works in close contact with the medical and nursing staffs of the Department commenced work in March, 1966.

The concept and scope of Child Welfare have altered radically during the past few years. It has become much more specialised and has increased in depth with much greater attention being paid now to the normal development of the infant and young child and to the early detection of any deviation from the normal pattern of development. To carry out this work effectively, specialised training is required, much of which is now achieved as in-service training. Child Welfare Medical Officers in turn attend postgraduate courses of training in child development, child psychiatry, mental deficiency and other more specialised refresher courses for experienced members of staff. With this training the Child Welfare Medical Officer can now provide a highly skilled service for the supervision of children and for the education of parents in the rearing of their families. That this service is appreciated by the public is reflected in the large numbers of mothers who choose to attend Child Welfare Clinics throughout the City.

During 1965, the Balvicar Centre, which was opened at the end of 1964, came into full working order. The Child Development Section (the work of which is described separately) has attracted much attention and visitors have come from far and near to study its organisation and methods.

In October, 1965, Broomhill Special Day Nursery was transferred from temporary to permanent premises which were officially opened in that month. The new building will accommodate the day nursery for handicapped children under five years and also a centre for ineducable children over five years of age. The staff of the special nurseries had a further course of training at Jordanhill College of Education during the Spring of 1965.

MATERNAL DEATHS.

In attendance at the Ante-natal clinics were 4,375 patients whose pregnancy (excluding abortions) terminated in 1965. There were three deaths among these in 1965, none of which was associated with the puerperal state. Fourteen deaths were registered in the City as a whole and the rate was 0.65 per 1,000 (live and still) births compared with 0.30 in 1964.

The following table, based on figures supplied by the Registrar General, compares the rates from each cause for the *whole City* with those of previous years.

STATEMENT SHOWING MATERNAL DEATHS AND RATES PER 1,000 BIRTHS IN GLASGOW AND SCOTLAND IN THE YEARS 1961-65.

	Deaths					Rate per 1,000 (live and still) Births				
	1961	1962	1963	1964	1965	1961	1962	1963	1964	1965
Accidents of Pregnancy	3	3	3	2	4	0.13	0.13	0.13	0.09	0.19
Puerperal Haemorrhage	—	1	2	1	1	—	0.04	0.04	0.04	0.05
Puerperal Septicaemia, including Post-abortive Sepsis	3	3	3	1	2	0.13	0.13	0.13	0.04	0.09
Toxaemia of Pregnancy, Albuminuria, Convulsions	1	2	—	1	5	0.04	0.08	0.09	0.04	0.23
Other Puerperal Diseases	1	1	2	2	2	0.04	0.04	0.04	0.09	0.09
Totals— Glasgow ...	8	10	10	7	14	0.34	0.42	0.43	0.30	0.65
Scotland ...	37	42	39	24	38	0.36	0.39	0.38	0.02	0.04

INFANT MORTALITY.

There was a decrease of some 1,500 births in 1965 and a corresponding reduction in the number of infant deaths—586 in 1965 compared with 642 in 1964.

The mortality rate, which in 1964 had fallen to the lowest level so far recorded in Glasgow, 29 per 1,000 births, was reduced still further in 1965, to 28 per 1,000 births.

The decrease, however, was confined to the male infants, the number of their deaths being 321 compared with 383 in 1964. The male mortality rate therefore fell from 33.1 in 1964 to 30.0 in 1965. The 265 deaths of female infants were six more than in 1964 and the rate 26.1 per 1,000 births compared with 23.9.

Since 1930 the trend of infant mortality in Glasgow has been as follows :—

1930-34	102	1960	32
1935-39	93	1961	31
1940-44	95	1962	32
1945-49	64	1963	32
1950-54	37	1964	29
1955-59	35	1965	28

Infant Mortality in Wards.—Although there were fewer deaths in the City as a whole, 18 wards had higher rates than in 1964. In three wards the rate remained unchanged—Cathcart (20), Springburn (21) and Woodside (25), and in the remaining 16 wards there was a decrease.

In 1965 fourteen wards had rates higher than that for the City as a whole (28) and one ward, Maryhill, the same rate. The two wards of Govan and Fairfield both had a rate of 27 and the three wards, Shettleston Provan and Hutchesontown a rate of 29.

The highest rate was that of Exchange Ward (52 as against 27 in 1964), followed by rates of 49 in Yoker and 47 in Kinning Park. Kelvinside had the lowest rate (10 as against 33 in 1964), Cathcart, Camphill and North Kelvin following with rates of 12, 15 and 19 respectively.

Cause of Death.—The detailed analyses which appear in the following pages have been compiled, as in previous years, from the records of the Department. Comparison with the Registrar General's provisional figures is provided by Appendix Table X, now revised to correspond with the Registrar's grouping of age and cause.

In the following table the rates for each sex and group of causes in 1965 have been calculated on both sets of figures (Medical Officer and Registrar General) and shown here for comparison :

MALES— <i>Causes of Death</i>	Rate per 1,000 Births				1965	
	1961	1962	1963	1964	M.O.H.	R.G.
I. Congenital Malformations	6.2	6.7	5.6	4.1	5.2	5.3
II. Diseases of Early Infancy	18.4	20.0	17.4	17.9	15.2	15.7
III. Diseases of Respiratory System	3.9	5.1	6.8	5.3	4.9	4.6
IV. Diseases of Digestive System	1.3	1.4	1.8	1.6	1.0	1.2
V. Diseases of Nervous System	0.7	1.1	0.9	1.1	0.7	0.6
VI. Tuberculosis	0.1	—	—	—	—	—
VII. Infectious Diseases ...	0.4	0.3	0.2	0.2	0.1	0.1
VIII to XI. All other causes	2.2	2.7	2.7	2.9	2.9	2.5
All causes ...	33.2	37.3	35.4	33.1	30.0	30.0

FEMALES— <i>Causes of Death</i>	Rate per 1,000 Births				1965	
	1961	1962	1963	1964	M.O.H.	R.G.
I. Congenital Malformations	6.6	5.8	5.9	5.2	4.5	4.8
II. Diseases of Early Infancy	14.1	12.4	12.6	10.2	13.3	13.1
III. Diseases of Respiratory System	3.9	4.8	4.4	3.6	4.4	4.3
IV. Diseases of Digestive System	1.2	1.0	2.3	1.8	1.1	1.1
V. Diseases of Nervous System	0.4	0.7	0.5	0.7	0.6	0.8
VI. Tuberculosis	—	—	0.1	—	—	—
VII. Infectious Diseases ...	0.1	—	0.1	0.3	0.2	0.4
VIII to XI. All other causes	2.0	2.4	2.3	2.1	2.0	1.7
All causes ...	28.3	27.1	28.2	23.9	26.1	26.2
Ratio—Males to 100 Females	117	137	129	148	121	—

Respiratory disease, one of the major causes of death in children under one year of age, accounted for 97 deaths in 1965, only three less than in 1964. The rate was 4.6 per 1,000 births compared with 4.5 in 1964.

There were 52 male deaths as against 61 in 1964 and the male rate was reduced from 5.3 to 4.9 per 1,000 births. Among females there were 45 deaths, six more than in 1964, the respective rates being 4.4 and 3.6 per 1,000 births.

Of these 97 deaths, 31 male and 29 female were due to pneumonia and seven male and six female to bronchitis. There was one death from influenza, a male infant aged six months. Thirteen male and ten female deaths were attributed to one or other of the various forms of respiratory disease grouped under the heading "Other Respiratory Diseases." There were fewer deaths from digestive disease, 22 (11 male and 11 female) compared with 38 in 1964. Diarrhoea and enteritis (excluding diarrhoea of the newborn) accounted for seven male and ten female deaths, the remaining five (four male and one female) being due to other digestive diseases.

There were fewer deaths from diseases of the nervous system, thirteen (seven male and six female) compared with 21 in 1964.

Mortality from infectious disease was again negligible, a baby girl of two weeks from dysentery and two six-month old infants (a boy and a girl) from meningococcal infection. In 1964 there were five deaths from infectious disease.

For the second year in succession there were no deaths from tuberculosis in this age group.

“ Violence ” (i.e., accidents) is still a major cause of death in children under one year of age. In 1965 there were 31 in this group, three fewer than in 1964. Of this number 22 were male and nine female, all but one being less than six months of age. Accidental asphyxia was responsible for the death of all but two, 24 resulting from the inhalation of vomit or regurgitation of food, five more than in the previous year. One infant of three months was smothered by bedclothes while other four also died from asphyxia, but information regarding the circumstances of the accident was not available. The two remaining deaths in this group were males both aged three months, one from burns received in a fire in his home and another from a fall.

Deaths from congenital malformations and diseases of early infancy together comprise the largest group of causes of death in children under one year of age, and in 1965, 400 (68 per cent. of all the deaths) were so attributable. This is 21 fewer than in 1964. The decrease was confined to the male infants whose deaths were reduced from 255 in 1964 to 219 in 1965, as follows :—Atelectasis (from 79 deaths in 1964 to 59) ; Injury at Birth (from 45 to 36) ; Premature Birth (from 50 to 44) ; Haemolytic Disease (from 10 to 3). There was an increase, however, in Congenital Malformations (56 as against 48 in 1964) and Pneumonia of the New-born (12 as against nine).

Among the female infants there were 181 deaths (166 in 1964). Most of the increase was due to Atelectasis (50 as against 36 in 1964). Deaths from injury at birth (25) and premature birth (35) showed little change (23 and 34 respectively in 1964). The 46 female deaths from congenital malformations were ten fewer than in 1964.

Neonatal Mortality.—There were 371 deaths in this age group in 1965 compared with 412 in 1964 and the rate fell from 18·4 in that year to 17·8. This is still above the rate for Scotland as a whole, 15·9 in 1965 as against 16·4 in 1964.

The decrease in the Glasgow rate was this year confined to the male infants, among whom there were 204 deaths compared with 256 in 1964. The rate therefore fell from 22·14 in that year to 19·04 in 1965. There were more deaths among the female infants in 1965, 167 compared with 156 in the previous year and the rate from 14·38 in 1964 rose to 16·48 in 1965.

The following table is based on the Departmental figures, no other information being as yet available :—

The rate per 1,000 births for each sex and for each of the four chief causes of death in this age group, from 1961 onwards, are as follows :—

				1961	1962	1963	1964	1965
Premature Birth	...	...	M.	4.19	4.34	3.16	4.32	4.11
			F.	3.41	2.13	3.02	3.14	3.45
Atelectasis	...	...	M.	7.00	6.22	6.42	6.66	5.51
			F.	4.22	4.08	4.30	3.32	4.94
Injury at Birth	...	...	M.	3.33	6.22	3.94	3.89	3.17
			F.	3.41	3.64	2.56	2.03	2.37
Congenital Malformations	...	...	M.	3.93	4.66	3.25	3.11	3.27
			F.	3.77	3.73	3.57	3.23	2.66

These infant deaths were analysed in more detail and the results for 1965 were as follows :—

ANALYSES OF INFANT AND NEONATAL DEATHS, 1965.

The total number of deaths of Glasgow children was 586.

Number of Males ...	321
Number of Females	265
	586
	586

The age at death was as follows :—

Under 1 week ...	328	2 months ...	50	7 months ...	6
1-2 weeks ...	23	3 months ...	39	8 months ...	6
2-3 weeks ...	13	4 months ...	26	9 months ...	3
3-4 weeks ...	7	5 months ...	20	10 months ...	3
1 month ...	31	6 months ...	26	11 months ...	5
		Total ...	586		
			586		

The age of the mother was as follows :—

14 years ...	—	25-29 years ...	160
15 years ...	2	30-34 years ...	85
16 years ...	6	35-39 years ...	45
17 years ...	16	40-44 years ...	19
18 years ...	29	45 years ...	1
19 years ...	23	47 years ...	1
20-24 years ...	187	Not stated ...	12
		Total ...	586
			586

The causes of death were as follows :—

	Male	Female	Total
Congenital Malformations ...	56	46	102
Birth Injury	36	25	61
Atelectasis	59	50	109
Pneumonia of the Newborn ...	12	8	20
Haemolytic Disease of Newborn	3	5	8
Congenital Debility	1	3	4
Premature Birth	44	35	79
Disease of Respiratory System	52	45	97
Disease of Digestive System	11	11	22
Disease of Nervous System ...	7	6	13
Accidental Asphyxia	20	9	29
Other Violence	2	—	2
Infectious Disease	1	2	3
Other Causes	17	20	37
	<u>321</u>	<u>265</u>	<u>586</u>

The number of neonatal deaths in 1965 was 371. Three hundred and twenty-eight deaths occurred in the first week of life. Of these 79 were premature.

Attendance at birth in these cases was as follows :—

Institution ...	331
Home	29
Not stated ...	11
	<u>371</u>

The antenatal care was as follows :—

General Practitioner	89
Corporation Ante-natal Clinic ...	55
Hospital Ante-natal Clinic ...	177
No Ante-natal Care	21
Not Stated	29
Total	<u>371</u>

The main causes of death in the first week were as follows :—

	Institution	Domiciliary	Not stated	Total
Congenital Malformations ...	42	3	1	46
Birth Injury	49	2	3	54
Atelectasis	95	11	4	110
Pneumonia	10	1	1	12
Haemolytic Disease of Newborn	7	—	—	7
Prematurity	74	4	1	79
Accidental Asphyxia	1	—	—	1
Other causes	16	3	—	19
				<u>328</u>

In 1965 seventy-eight cases were certified as "seen after death". Analysis of these cases gave the cause of death as follows :—

1. Accidental Asphyxia	...	5
2. Inhalation of vomitus	...	11
3. Acute respiratory infections		45
4. Convulsions	... ..	4
5. Prematurity	... ..	2
6. Gastro enteritis	... ..	3
7. Congenital Heart disease	...	2
8. Other causes	... ..	6
		—
		78
		==

Illegitimate Mortality.—From the 1st January, 1965, legitimacy has no longer been stated on the returns received from the local registrars and the only information available is what the health visitor is able to elicit when she visits the child's home. Of the 586 infant deaths recorded in 1965, no information was available in respect of 33 infants and only 39 were specifically stated to be illegitimate.

The rates based on these figures are not therefore comparable with those of previous years and the apparent reduction is not an indication of any improvement in mortality.

The number of illegitimate births in 1965 was 1,606, nine more than in 1964 and the 39 deaths are therefore the equivalent of a rate of 24.28 per 1,000 births. In 1964 there were 62 deaths and a rate of 38.82.

Excluding the 33 deaths for which there was no information, there were 514 deaths among the 19,240 legitimate births, representing a rate of 26.71 per 1,000. In 1964 this rate was 27.78.

PREMATURE BIRTHS.

During 1965 the incidence of prematurity showed a slight decrease. Of the 431 stillbirths, 247 were premature (57 per cent.). Of the 20,846 live births, 1,874 were premature (9 per cent.) and 168 of these died within 24 hours of birth. A special analysis of prematurity has been made, the following tables showing the figures for 1965 :—

PREMATURE LIVE BIRTHS

Weight at Birth	Born at home or in a private maternity home										Premature Stillbirths				
	Born in Hospital			Nursed entirely at home or in a private maternity home			Transferred to hospital on or before 28th day			Born					
	Within 24 hour of Birth	In 7 and under 7 days	In 7 and under 28 days	Within 24 hours of Birth	In 7 and under 7 days	In 7 and under 28 days	Within 24 hours of birth	In 7 and under 7 days	In 7 and under 28 days			In hospital	At home	In a private maternity home	
2 lb. 3 oz. or less (1)	107	51	11	—	11	6	2	—	3	1	2	—	41	3	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (2)	169	45	18	2	18	3	4	—	3	—	1	—	65	5	1
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (3)	300	34	17	3	29	3	3	—	3	—	1	—	67	3	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (4)	330	9	5	4	40	—	—	—	5	—	—	—	38	3	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (5)	718	13	13	3	136	3	2	—	2	—	—	—	20	1	—
Total	1,624	152	64	12	204	15	11	—	16	1	4	—	231	15	2

(1) = 1,000 g. or less.

(2) = 1,001 - 1,500 g.

(3) = 1,501 - 2,000 g.

(4) = 2,001 - 2,250 g.

(5) = 2,251 - 2,500 g.

STILLBIRTHS.

The number of stillbirths registered in the City in 1965 was 488, but after correction for usual residence this figure was reduced to 431, 16 fewer than in 1964. The rate per 1,000 live and stillbirths was 20·3, compared with 19·5 in 1964 and 21·3 in 1963. Ten years ago this rate was as high as 29, then fell to 26 in 1956 and remained at this level for the next three years. It has since fallen steadily to its present level. The rate for Scotland as a whole remains unchanged at 17·9, the lowest yet recorded.

Stillbirths in Wards.—Six wards had the same rate as that for the City and in other fourteen the rate was higher. Provan and Govan both had the highest rate (33), followed by Parkhead (31) and the two wards of Cowcaddens and Kingston with a rate of 30. The lowest rate was that of Woodside, 8. Other low rates were those of Pollokshields (9), Langside (10) and Partick West (11).

Total of Glasgow Cases	431	(Males 223 : Females 208)
Information incomplete	11	
Number fully analysed ...	<u>420</u>	

Ante-natal Supervision

General Practitioner	111
Corporation Clinic ...	82
Hospital Clinic ...	188
None	11
Not stated	28
	<u>420</u>

Position in Family			Age of Mother		
1st	...	113	15 years	...	1
2nd	...	68	16 years	...	3
3rd	...	70	17 years	...	6
4th	...	54	18 years	...	10
5th	...	33	19 years	...	14
6th	...	17	20-24 years	...	111
7th	...	17	25-29 years	...	113
8th	...	13	30-34 years	...	70
9th	...	7	35-39 years	...	74
10th	...	4	40-44 years	...	19
11th	...	9	Not stated	...	10
Not stated	...	15			
		<u>420</u>			<u>431</u>

Attendance at Birth—

Hospital	...	...	...	...	...	382
Nursing Home	...	...	...	...	...	3
General Practitioner	...	...	...	...	...	24
General Practitioner and Midwife	...	...	...	...	...	4
General Practitioner and District Nurse	...	...	...	...	...	4
Midwife	...	...	...	...	...	1
No one in attendance	...	...	...	...	...	1
Not stated	...	...	...	...	...	1
Total						420

Cause of Death	Institution	Domiciliary	Total
Congenital Abnormality ...	82	8	90
Antepartum Haemorrhage ...	45	1	46
Rh. Factor ...	17	1	18
Conditions associated with Cord ...	34	7	41
Conditions associated with Placenta ...	38	2	40
Abnormality of Placenta and Cord. ...	33	2	35
Toxaemia of Pregnancy ...	34	1	35
Birth Injury ...	7	2	9
Difficult Labour ...	10	1	11
Maceration ...	10	—	10
Other causes ...	49	7	56
Unspecified cause... ...	26	3	29
	385	35	420

The following table shows the trend in the stillbirth and infant mortality rates in the past fifteen years and indicates the relative importance of the perinatal rate with the rate in later infancy :—

	Infant Mortality Rate per 1,000 live Births	Still- Births Rate per 1,000 total Births	Neo-natal Mortality Rate per 1,000 live Births	Perinatal Mortality Rate per 1,000 Total Births	Mortality 1-12 Months Rate per 1,000 live Births
1951 ...	46	28.1	25.9	47.9	20.0
1952 ...	41	27.4	24.1	45.8	16.7
1953 ...	36	26.5	22.2	44.3	13.5
1954 ...	35	29.4	21.5	47.1	13.6
1955 ...	36	26.8	22.7	45.6	13.6
1956 ...	33	25.6	20.8	43.0	12.1
1957 ...	34.5	26.1	23.0	44.0	11.5
1958 ...	35.1	25.5	23.2	45.0	12.0
1959 ...	35.4	26.4	23.9	45.5	11.5
1960 ...	32.2	24.2	21.4	41.8	10.8
1961 ...	30.8	23.3	20.6	41.0	10.2
1962 ...	32.4	22.2	21.1	39.3	11.3
1963 ...	31.9	21.3	19.2	37.6	12.7
1964 ...	28.6	19.5	18.4	35.7	10.3
1965 ...	28.1	20.3	17.8	35.7	10.3

Neonatal mortality refers here to deaths under 1 month.

The Glasgow birth rate, infant mortality and stillbirth rate, etc., are compared in the following table with those of Scotland, England and Wales and certain Scottish and English cities in 1965.

	(1)	(2)	(3)	(4)	(5)
	Birthrate per 1,000 of Population	Stillbirth Rate per 1,000 Live and Stillbirths	Neo-Natal Mortality per 1,000 Live Births	Perinatal Mortality* Per 1,000 Live and Stillbirths	Infant Mortality per 1,000 Live Births
Scotland	19.3	18	16	31.5	23
Glasgow	20.8	20	18	36	28
Edinburgh	17.7	14	17	30	24
Aberdeen	17.5	12	15	25	19
Dundee	19.5	18	13	31	18
England and Wales ...	18.1	16	13	27	19
Birmingham	19.5	17	15	30	22
Manchester	19.6	20	17	35	27
Liverpool	20	18	15	31	22
Leeds	18	19	16	32	22

* Perinatal mortality rate—the number of stillbirths and deaths under one week per 1,000 live and stillbirths.

MORTALITY AMONG TODDLERS.

The 74 deaths in this age group (one to five years) in 1964 is still the lowest number so far recorded. In 1965 there were 84 deaths, a greater proportion of these, 58, being male children compared with 42 in 1964. There was a decrease of six in the female deaths. Two-thirds of the total were children between two and five years of age.

Accidents continue to be the principal cause of death in this age group, accounting for no less than 25 deaths in 1965, six less than in 1964. This total is equivalent to 29.8 per cent. of all deaths at these ages compared with 41.9 per cent. in the previous year. There was a marked preponderance of male deaths in 1965, 20 as against five female deaths. All but two were between the ages of two and five years.

Of these 25 deaths, 10 (nine male and one female) were due to accidents involving motor vehicles (12 in 1964), and the remainder to a variety of other accidents, as follows:—

Two little boys aged two years and three years wandered on to railways and were killed by trains. A boy of three years fell from a window and another of four years was struck by a falling chimney. Other two boys aged three and four years were drowned. There were four deaths from burning injuries, one of these a three-year-old girl whose dress caught fire, the others a two-year-old boy and a four-year-old girl in whose homes fire broke out. There was no information regarding the cause of the burning accident in the fourth death, a three-year-old boy. A three-year-old girl was assaulted and in the remaining four deaths (boys aged two, three and four years and a girl aged one year) no details were available as to the nature of the accident.

Respiratory disease, a common cause of death in toddlers, accounted for 15 deaths in 1965, three more than in 1964. Of this number seven male and two female deaths were due to pneumonia, one female death to bronchitis and the remaining five (three male, two female) to the sub-group "Other Respiratory Disease". There were no deaths from influenza or tuberculosis in this age group.

There were seven deaths from malignant neoplasms, one more than in 1964. Five of these were males (one under two years and four under five years). Of the two female deaths, one was under two years. The deaths allotted to this group in the past twelve years are shown as follows :—

1954	...	...	12	1960	...	...	4
1955	...	...	3	1961	...	...	12
1956	...	...	2	1962	...	...	7
1957	...	...	15	1963	...	...	9
1958	...	...	16	1964	...	...	6
1959	...	...	8	1965	...	...	7

Three of these deaths were due to leukaemia, one less than in 1964.

There were only three deaths from infectious disease in 1965, all from meningococcal infection and all three boys (aged one, three and four years respectively).

Congenital malformation was the cause of 12 deaths (seven male and five female), five more than in 1964.

The following table compares the infant mortality with that of toddlers and shows the progressive reduction in both since 1900 :—

Year	Infant Mortality		Deaths 1-5 Years :	Rate per 1,000	
	Rate per 1,000		Actual Number	Population at	
	Births			Ages 1-5 Years	
1900	153	2,754	39.2
1911	139	1,862	26.7
1921	106	1,494	19.2
1931	105	1,341	17.2
1941	111	635	8.3
1951	46	171	2.1
1952	41	140	1.8
1953	36	118	1.5
1954	35	92	1.2
1955	36	99	1.3
1956	33	85	1.1
1957	34.5	100	1.2
1958	35.1	86	1.03
1959	35.4	117	1.38
1960	32.2	103	1.19
1961	30.8	91	1.04
1962	32.4	99	1.13
1963	31.9	101	1.14
1964	28.7	74	0.83
1965	28.1	84	0.95

HOME ACCIDENTS, 1965.

During 1965 the general hospitals in Glasgow, with the exception of Glasgow Royal Infirmary, have supplied detailed information regarding all home accidents. Glasgow Royal Infirmary supplied the total figure each month of such patients, analysed as to sex only.

The total number reported from the Royal Infirmary was 1,696—815 males and 881 females.

The total number from other hospitals was 5,108 of whom 754 came from areas outwith Glasgow.

The results of a detailed analysis of the 4,354 Glasgow cases are as follows :—

1. <i>According to sex—</i>	Male ...	2,006
	Female ...	2,342
	Not stated ...	6
		<hr/>
		4,354
		<hr/> <hr/>

The 4,348 cases for which we have full information have been further analysed.

2. *According to age and sex—*

			Male	Female	Total
- 1 year	...	...	69	63	132
1 year	...	...	204	135	339
2 years	...	...	194	128	322
3	..	...	99	85	184
4	..	...	78	48	126
5	..	...	51	35	86
6	..	...	28	22	50
7	..	...	29	12	41
8	..	...	19	14	33
9	..	...	17	12	29
10-14	..	...	102	80	182
15-24	..	...	261	254	515
25-34	..	...	233	228	461
35-44	..	...	205	229	434
45-54	..	...	163	287	450
55-64	..	...	121	281	402
65	..	...	14	31	45
66	..	...	10	29	39
67	..	...	10	18	28
68	..	...	7	18	25
69	..	...	3	22	25
70	..	...	8	28	36
71	..	...	8	13	21
72	..	...	8	22	30
73	..	...	5	19	24
74	..	...	6	20	26
75	..	...	5	17	22
76+	...	...	42	180	222
Not stated	...	...	7	12	19
			<hr/>	<hr/>	<hr/>
Total	...	...	2,006	2,342	4,348
			<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

3. *According to nature of accident and sex—*

	Male	Female	Total
Falls	896	1,129	2,025
Suffocation	3	3	6
Gas Poisoning	8	12	20
Poisoning	147	109	256
Burns	118	133	251
Others	834	956	1,790

4. *Accidents in those over 60 years—*

Male	182
Female	547
Total	729 or 16·7 per cent. of total accidents.

In this age group accidents due to falls were as follows :—

Male	120
Female	423
Total	543 or 74·4 per cent. of total.

The number of accidents due to gas poisoning (excluding children under five years) was 17 (seven males and ten females).

Accidents due to poisoning (excluding children under five years) numbered 62 (33 males and 29 females). Again most of the cases were due to overdosage with sleeping pills.

Analysis of causes of accidents in children under five years of age (excluding burns and scalds). These constituted 25·4 per cent. of the total.

Cause	Age in Years					Total
	-1	-2	-3	-4	-5	
Falls	89	174	132	76	60	531
Foreign Body (swallowed or inserted in orifice)	10	19	31	22	10	92
Poison	4	65	74	36	15	194
Lacerations	6	25	25	16	12	84
Hand or finger (e.g., in door or window)	1	11	15	10	10	47
Suffocated	—	—	—	—	—	—
Gas Poisoning	—	1	—	2	—	3
Electrocuted	—	—	—	—	—	—
Dogbite	—	4	2	1	4	11
Others	22	40	43	21	15	141
Total	132	339	322	184	126	1,103

Burns and Scalds.—During 1965 various hospitals again notified the Health and Welfare Department of burning and scalding accidents involving children under 15 years of age. Following notification the health visitor visited the homes concerned in order to obtain information and to give advice about prevention.

The total number of such accidents reported was 1,264. Of these, some were found to have been wrongly notified as home accidents.

A full analysis of the 923 burns and scalds in children under five years of age has been carried out. Accidents involving school children are the subject of a separate report by the School Health Service.

Total number of accidents reviewed was 923.

	Male	Female	Total
Number of burns ...	219	179	388
Number of scalds ...	327	198	525
	<u>546</u>	<u>377</u>	<u>923</u>

	Burns			Scalds		
	Male	Female	Total	Male	Female	Total
Under 1 year ...	35	21	56	44	27	71
1-2 years ...	76	60	136	167	91	258
2-3 years ...	49	44	93	72	37	109
3-4 years ...	33	30	63	23	29	52
4-5 years ...	26	24	50	21	14	35
	<u>219</u>	<u>179</u>	<u>398</u>	<u>327</u>	<u>198</u>	<u>525</u>

Of this number 152 required admission to hospital. Permanent scarring was reported in 75 cases. Two children, a boy of two years and his sister of four years, died in a house fire. There were no other fatalities.

Analysis of burning accidents gave the following main causes :—

Burns due to—

Unguarded coal fire	63
Inadequate fire guard	27
Unguarded electric fire	21
Faulty electrical equipment	6
Contact with hot metal, e.g. stove, cooker ...	17
Contact with hot iron	22
Gas oven blowing out	1
Cigarette	1
Bonfire	7
Chemicals	4
Lighted paper	6
Matches	3

Although there were 63 burning accidents due to a coal fire being unguarded there were only a few homes which did not have a guard. A considerable number of these accidents were due to the fire guard being temporarily removed during refuelling of the fire. This should not be necessary if the correct type of guard is used.

Several burns were again caused this year by contact with a hot iron left to cool on the floor. This is an avoidable danger to small children.

Most scalds were caused by upsetting cups of tea over the child. In some cases the cups had been placed on low tables or a table cover had been allowed to hang over the table edge. Several nasty scalds

occurred because the child pulled on the dangling flex of an electric kettle filled with boiling water which spilled over him.

In 48 cases no follow up was possible because the family had moved or a wrong address had been given.

CHILD WELFARE SCHEME.

Child Welfare Centres.—The clinic held in Royal Hospital for Sick Children was closed in December, 1965, on removal of the patients and staff to Oakbank Hospital. There are now 47 Antenatal, 28 Postnatal, 18 Consultative, 104 Child Welfare and 2 ultra-violet ray treatment sessions each week. In addition four Child Welfare Clinics are held weekly at the Royal Maternity and Women's Hospital.

The time-table of clinics as now organised is as follows :—

WELFARE CENTRES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

	Clinics for Children and Nursing Mothers		Clinics for Expectant Mothers		Consultative and Postnatal Clinics	
33 RICHARD STREET, ANDERSTON—						
Monday,	1.30 p.m.	Tuesday,	1.30 p.m.	Tuesday,	1.30 p.m.	
Wednesday,	8.30 a.m.		—		—	
Friday,	8.30 a.m.		—		—	
12 SANDY ROAD, PARTICK—						
Monday,	8.30 a.m.	Monday,	1.30 p.m.	Monday,	1.30 p.m.	
Wednesday,	1.30 p.m.	Thursday,	8.30 a.m.	†Tuesday,	8.30 a.m.	
Thursday,	1.30 p.m.		—		—	
18 PLEAN STREET, BLAWARTHILL—						
Tuesday,	8.30 a.m.	Wednesday,	1.30 p.m.	Wednesday,	1.30 p.m.	
Tuesday,	1.30 p.m.		—	†Thursday,	1.30 p.m.	
Wednesday,	8.30 a.m.		—		—	
Friday,	1.30 p.m.		—		—	
BLACKWOOD STREET, NETHERTON—						
Tuesday,	1.30 p.m.	Wednesday,	8.30 a.m.	Wednesday,	8.30 a.m.	
Friday,	1.30 p.m.		—		—	
STUART LAIDLAW CLINIC, 90 KINFAUNS DRIVE, DRUMCHAPEL						
Monday,	1.30 p.m.	Monday,	8.30 a.m.	Monday,	8.30 a.m.	
Wednesday,	8.30 a.m.	Thursday,	8.30 a.m.	†Thursday,	1.30 p.m.	
Wednesday,	1.30 p.m.		—		—	
Thursday,	1.30 p.m.		—		—	
Friday,	1.30 p.m.		—		—	
15 GLENBARR STREET, PROVAN—						
Monday,	8.30 a.m.	Tuesday,	8.30 a.m.	Tuesday,	8.30 a.m.	
Monday,	1.30 p.m.	Thursday,	8.30 a.m.	†Tuesday,	8.30 a.m.	
Tuesday,	1.30 p.m.		—		—	
Wednesday,	8.30 a.m.		—		—	
Friday,	8.30 a.m.		—		—	
Friday,	1.30 p.m.		—		—	

† Consultative Clinics

WELFARE CENTRES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE—*Continued.*

	Clinics for Children and Nursing Mothers	Clinics for Expectant Mothers	Consultative and Postnatal Clinics
194 FERNBANK STREET, SPRINGBURN—			
Monday,	1.30 p.m.	Tuesday,	1.30 p.m.
Tuesday,	8.30 a.m.	Thursday,	1.30 p.m.
Thursday,	8.30 a.m.	—	—
			†Tuesday,
			1.30 p.m.
101 DENMARK STREET, POSSILPARK—			
Monday,	8.30 a.m.	Wednesday,	8.30 a.m.
Wednesday,	1.30 p.m.	—	—
Friday,	1.30 p.m.	—	—
			†Friday,
			8.30 a.m.
120 LIDDLESDALE ROAD, MILTON—			
Wednesday,	1.30 p.m.	Monday,	8.30 a.m.
			Monday,
			8.30 a.m.
3 CALLANDER STREET, COWCADDENS—			
Monday,	8.30 a.m.	Tuesday,	1.30 p.m.
Tuesday,	8.30 a.m.	Friday,	8.30 a.m.
Wednesday,	1.30 p.m.	—	—
Thursday,	8.30 a.m.	—	—
Thursday,	1.30 p.m.	—	—
			†Friday,
			1.30 p.m.
60 AVENUEPARK STREET, MARYHILL—			
Tuesday,	1.30 p.m.	Tuesday,	8.30 a.m.
Wednesday,	8.30 a.m.	Thursday,	1.30 p.m.
Thursday,	8.30 a.m.	—	—
Friday,	8.30 a.m.	—	—
			†Monday,
			1.30 p.m.
			Friday,
			8.30 a.m.
106 ORR STREET, BRIDGETON—			
—	—	Monday,	8.30 a.m.
—	—	Tuesday,	8.30 a.m.
—	—	Thursday,	1.30 p.m.
—	—	Friday,	8.30 a.m.
			Monday,
			8.30 a.m.
			†Tuesday,
			1.30 p.m.
			—
			—
10 REDAN STREET, BRIDGETON—			
Monday,	1.30 p.m.	—	—
Tuesday,	1.30 p.m.	—	—
Wednesday,	1.30 p.m.	—	—
Thursday,	8.30 a.m.	—	—
Thursday,	1.30 p.m.	—	—
Friday,	8.30 a.m.	—	—
Friday,	1.30 p.m.	—	—
150 WELLSHOT ROAD, SHETTLESTON—			
Monday,	1.30 p.m.	Thursday,	8.30 a.m.
Tuesday,	8.30 a.m.	—	—
Tuesday,	1.30 p.m.	—	—
Wednesday,	8.30 a.m.	—	—
Wednesday,	1.30 p.m.	—	—
Friday,	1.30 p.m.	—	—
			†Thursday,
			8.30 a.m.
			Thursday,
			8.30 p.m.

† Consultative Clinics.

WELFARE CENTRES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE—*Continued.*

	Clinics for Children and Nursing Mothers	Clinics for Expectant Mothers	Consultative and Postnatal Clinics
MOBILE UNIT, CARNTYNE—			
Tuesday,	1.30 p.m.	Tuesday, 8.30 a.m.	Tuesday, 8.30 a.m.
Thursday	1.30 p.m.	—	—
Friday,	8.30 a.m.	—	—
Friday,	1.30 p.m.	—	—
5 CRAIGLOCKHART STREET, GARTHAMLOCK—			
Wednesday,	1.30 p.m.	—	—
74 WELLHOUSE CRESCENT, EASTERHOUSE—			
Tuesday,	1.30 p.m.	Tuesday, 8.30 a.m.	Tuesday, 8.30 a.m.
Thursday,	8.30 a.m.	—	—
Thursday,	1.30 p.m.	—	—
2 LOCHDOCHART ROAD, ROGERFIELD—			
Monday,	1.30 p.m.	Wednesday, 8.30 a.m.	Wednesday, 8.30 a.m.
Wednesday,	1.30 p.m.	—	†Monday, 1.30 a.m.
Friday,	8.30 a.m.	—	—
Friday,	1.30 p.m.	—	—
26 FLORENCE STREET, GORBALS—			
Monday,	1.30 p.m.	Tuesday, 1.30 p.m.	Tuesday, 1.30 p.m.
Wednesday,	1.30 p.m.	Wednesday, 1.30 p.m.	†Friday, 8.30 p.m.
Thursday,	1.30 p.m.	Friday, 1.30 p.m.	—
Friday,	1.30 p.m.	—	—
12 FAULDHOUSE STREET, OATLANDS—			
Monday,	1.30 p.m.	Wednesday, 8.30 a.m.	Wednesday, 8.30 a.m.
Thursday,	8.30 a.m.	—	—
39 BENGAL STREET, POLLOKSHAWS—			
Tuesday,	1.30 p.m.	Friday, 8.30 a.m.	Friday, 8.30 a.m.
Wednesday,	1.30 p.m.	—	—
46 BALVICAR STREET, QUEEN'S PARK—			
Monday,	1.30 p.m.	Tuesday, 1.30 p.m.	Friday, 1.30 p.m.
Tuesday,	8.30 a.m.	Friday, 1.30 p.m.	†Friday, 8.30 a.m.
Wednesday,	8.30 a.m.	—	—
Wednesday,	1.30 p.m.	—	—
Thursday,	1.30 p.m.	—	—
183 PROSPECTHILL ROAD, MOUNT FLORIDA—			
Monday,	1.30 p.m.	Wednesday, 8.30 a.m.	†Tuesday, 8.30 a.m.
Tuesday,	1.30 p.m.	Friday, 8.30 a.m.	Friday, 8.30 a.m.
Thursday,	8.30 a.m.	—	—
Thursday,	1.30 p.m.	—	—
22 ARNPRIOR QUADRANT, CASTLEMILK—			
Monday,	1.30 p.m.	Thursday, 1.30 p.m.	Thursday, 1.30 p.m.
Tuesday,	8.30 a.m.	—	—
Thursday,	8.30 a.m.	—	—

† Consultative Clinics.

WELFARE CENTRES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE—*Continued.*

Clinics for Children and Nursing Mothers	Clinics for Expectant Mothers	Consultative and Postnatal Clinics
S BARLIA DRIVE, CASTLEMILK—		
Tuesday, 8.30 a.m.	Tuesday, 1.30 p.m.	Tuesday, 1.30 p.m.
Wednesday, 1.30 p.m.	—	†Thursday, 1.30 p.m.
Friday, 1.30 p.m.	—	—
NETHERPLACE ROAD, POLLOK—		
Monday, 1.30 p.m.	Monday, 8.30 a.m.	Monday, 8.30 a.m.
Wednesday, 1.30 p.m.	Wednesday, 8.30 a.m.	†Friday, 8.30 a.m.
Thursday, 8.30 a.m.	Thursday, 1.30 p.m.	—
Friday, 1.30 p.m.	—	—
132 WEIR STREET, KINNING PARK—		
Tuesday, 8.30 a.m.		
Thursday, 8.30 a.m.		
401 GOVAN ROAD, GOVAN—		
Monday, 1.30 p.m.	Monday, 8.30 a.m.	†Tuesday, 1.30 p.m.
Wednesday, 1.30 p.m.	Tuesday, 8.30 a.m.	Thursday, 1.30 p.m.
Friday, 8.30 a.m.	Thursday, 1.30 p.m.	
20 ARKLET ROAD, ELDERPARK—		
Monday, 1.30 p.m.	Monday, 8.30 a.m.	†Thursday, 8.30 a.m.
Wednesday, 1.30 p.m.	Tuesday, 8.30 a.m.	Friday, 8.30 a.m.
Thursday, 1.30 p.m.	Tuesday, 1.30 p.m.	
Friday, 1.30 p.m.		
74 BERRYKNOWES ROAD, BERRYKNOWES		
Tuesday, 1.30 p.m.	Monday, 8.30 a.m.	Monday, 8.30 a.m.
Friday, 1.30 p.m.		
CRAIGMUIR ROAD, PENILEE—		
Wednesday, 1.30 p.m.	Monday, 1.30 p.m.	Monday, 1.30 p.m.
Friday, 1.30 p.m.		
ROYAL MATERNITY AND WOMEN'S HOSPITAL, ROTTENROW—		
Monday *11 a.m.	Monday, 1 p.m.	
Tuesday, *11 a.m.	Tuesday, 1 p.m.	
Wednesday, *11 a.m.	Wednesday, 1 p.m.	
	Thursday, 1 p.m.	
Friday, *11 a.m.	Friday, 1 p.m.	
	Saturday, 9 a.m.	

† Consultative Clinics.

* Clinics for infants under one year of age.

INFANT CONSULTATIONS.

There was an increase of 23 in the number of sessions, 5,394 in 1965 compared with 5,371 in 1964.

The total number of primary attendances of all children was 14,858 and subsequent attendances 157,596 compared with the corresponding figure of 15,677 and 178,071 in 1964.

The following table gives the attendances at each consultation centre during 1965 with the corresponding total figures for the previous year :—

ATTENDANCES AT INFANT CONSULTATIONS, 1965.

	No. of Consultations held	Children born 1965		Children born 1964		Children born other years		Total No. of Attendances		1964—Total No. of Attendances		
		Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	
<i>Central—</i>												
Richard Street ...	148	303	1,459	38	976	126	862	467	3,297	649	4,030	
Partick ...	150	520	2,452	76	2,364	31	465	627	5,281	596	5,821	
Blawarthill ...	205	547	2,914	84	2,799	23	1,554	654	7,267	681	7,274	
Royal Hospital for Sick Children ...	101	118	730	22	470	42	355	182	1,555	129	1,865	
Netherton ...	101	182	1,095	30	1,190	9	263	221	2,548	227	2,526	
Drumchapel ...	251	450	3,018	86	3,947	23	1,059	559	8,024	530	7,961	
<i>North—</i>												
Provan ...	295	543	2,857	116	2,990	42	626	701	6,473	995	10,833	
Springburn ...	150	507	2,773	68	2,695	2	328	577	5,796	654	7,266	
Denmark Street ...	147	244	1,056	90	1,456	73	301	407	2,813	340	3,188	
Milton ...	104	152	967	26	826	2	197	180	1,990	205	2,620	
Cowcaddens ...	249	502	3,128	74	3,237	23	1,046	599	7,411	613	6,797	
Maryhill ...	206	487	3,108	116	3,197	21	712	624	7,017	610	6,146	
<i>East—</i>												
Redan Street ...	400	974	5,108	200	4,224	79	1,743	1,253	11,074	1,362	13,341	
Shettleston ...	303	603	2,929	120	3,505	47	1,220	770	7,654	888	12,125	
Mobile—Carntyne	203	408	2,290	101	2,226	16	830	525	5,346	450	4,912	
Rogerfield ...	197	249	1,278	67	1,615	46	921	362	3,814	378	7,019	
Garthamlock ...	52	113	584	24	574	3	389	140	1,547	157	1,578	
Easterhouse ...	156	224	1,756	43	1,962	15	860	282	4,578	402	5,923	
<i>South-East—</i>												
Gorbals ...	199	566	2,481	97	2,353	31	1,027	694	5,861	844	6,304	
Pollokshaws ...	104	141	732	28	975	9	269	178	1,976	190	2,295	
Balvicar Street ...	238	622	4,003	105	3,198	26	893	753	8,094	572	7,124	
Oatlands ...	98	175	1,204	27	1,530	9	582	211	3,316	252	4,079	
Mount Florida ...	202	432	2,991	89	3,322	21	1,127	542	7,440	607	7,557	
Arnprior Quadrant	150	315	1,849	74	1,851	41	733	430	4,433	380	4,653	
Barlia Drive ...	133	284	1,881	146	2,174	76	730	506	4,785	329	3,851	
<i>South-West—</i>												
Pollok ...	199	400	2,591	60	2,658	18	935	478	6,184	560	7,080	
Weir Street ...	104	239	1,104	48	1,180	18	404	305	2,688	302	3,802	
Govan ...	148	387	2,236	83	1,955	5	577	475	4,768	539	4,751	
Elderspark ...	199	630	3,440	89	3,376	34	904	753	7,720	811	8,578	
Penilee ...	101	163	1,225	30	1,390	40	506	233	3,121	202	2,954	
Berryknowes ...	101	151	1,654	18	1,599	1	471	170	3,724	209	3,742	
<hr/>												
	5,394	11,631	66,893	2,275	67,814	952	22,889	14,858	157,596	15,677	178,071	
	78,524		70,089		23,841		172,454		193,748			

Infant Consultations are also held at the Maternity Hospital and attendances at these in 1965 numbered 1,706 compared with 1,950 in 1964. Attendances at the Mothercraft Classes totalled 2,217.

Antenatal Consultations.—Sessions at antenatal clinics numbered 2,518 compared with 2,706 for the preceding year. The total attendances were 37,712 compared with 44,769 in 1964. Primary attendances were 4,153 or 642 less than the previous year (1964), and subsequent attendances numbered 33,559, a decrease of 6,415. Consultations and attendances at each of the centres are shown in the following table :—

ATTENDANCES AT ANTENATAL CLINICS, 1965.

	No. of Clinic Sessions	Number of Attendances			Hospital Cases
		Primary	Subsequent	Total	
Richard Street ...	52	109	602	711	4
Partick ...	98	169	1,040	1,209	13
Blawarthill ...	52	104	754	858	3
Netherton ...	52	42	295	337	1
Drumchapel ...	98	144	1,325	1,469	8
Provan ...	104	72	495	567	2
Springburn ...	104	153	885	1,038	6
Denmark Street ...	52	55	396	451	20
Milton ...	46	25	201	226	4
Cowcaddens ...	98	109	1,303	1,412	106
Maryhill ...	104	211	1,917	2,128	91
Orr Street ...	200	332	3,067	3,399	9
Shettleston ...	104	131	1,025	1,156	3
Mobile—Carntyne	56	23	226	249	—
Garthamlock ...	33	6	73	79	—
Easterhouse ...	52	35	304	339	4
Rogerfield ...	52	69	446	515	5
Gorbals ...	153	381	2,324	2,705	—
Pollokshaws ...	50	65	472	537	2
Balvicar Street ...	101	272	1,770	2,042	—
Watlands ...	52	64	415	479	—
Mount Florida ...	102	129	1,380	1,509	2
Arnprior Quadrant	52	73	592	665	—
Barlia Drive ...	52	80	709	789	—
Pollok ...	150	268	1,732	2,000	4
Provan ...	199	460	4,327	4,787	7
Wilderpark ...	150	423	4,082	4,505	10
Benilee ...	52	69	700	769	1
Berryknowes ...	48	80	702	782	1
	2,518	4,153	33,559	37,712	306

ATTENDANCES AT POSTNATAL AND CONSULTATIVE CLINICS, 1965.

	No. of		Primary		Subsequent		Total	
	Post-natal	Consultative	Post-natal	Consultative	Post-natal	Consultative	Post-natal	Consultative
Richard Street ...	52	—	24	—	2	—	26	—
Partick ...	46	52	38	184	5	232	43	416
Blawarthill ...	52	27	5	42	1	55	6	97
Netherton ...	52	—	11	—	1	—	12	—
Drumchapel ...	52	45	38	111	6	88	44	199
Provan ...	52	38	15	63	3	11	18	74
Springburn ...	53	11	18	19	—	2	18	21
Denmark Street ...	52	17	3	24	—	6	3	30
Milton ...	46	—	8	—	1	—	9	—
Cowcaddens ...	50	41	39	92	7	118	46	210
Maryhill ...	51	45	86	154	36	192	122	346
Orr Street ...	47	47	45	161	46	108	91	269
Shettleston ...	52	36	31	78	31	42	62	120
Mobile—Carntyne ...	52	—	12	—	4	—	16	—
Garthamlock ...	34	—	1	—	—	—	1	—
Easterhouse ...	52	—	8	—	5	—	13	—
Rogerfield ...	52	29	7	40	3	19	10	59
Gorbals ...	49	50	48	325	8	217	56	542
Pollokshaws ...	50	—	23	—	3	—	26	—
Balvicar ...	49	39	108	232	1	14	109	246
Oatlands ...	52	—	17	—	4	—	21	—
Mount Florida ...	50	49	92	215	20	50	112	265
Arnprior Quadrant	52	—	42	—	5	—	47	—
Barlia Drive ...	52	39	10	87	1	69	11	156
Pollok ...	43	50	114	281	67	443	181	724
Govan ...	52	52	63	458	17	429	80	887
Elderpark ...	48	52	114	547	102	261	216	808
Penilee ...	50	—	39	—	25	—	64	—
Berryknowes ...	48	—	40	—	4	—	44	—
	1,442	719	1,099	3,113	408	2,356	1,507	5,469

COURSES IN MOTHERCRAFT.

Courses in Mothercraft are given in 27 of the Centres, either during antenatal sessions or at a class held specially for this subject. The course covers physiology of pregnancy and labour; preparation for confinement; making of layette; preparation for breast and artificial feeding; general care of the newborn infant, including bathing and instruction in psychoprophylaxis is given by health visitors. Classes are open to any expectant mother in the City. She need not be attending the Local Health Authority antenatal clinic for supervision. Efforts have been made to encourage general practitioners to refer expectant mothers to the Centres for this teaching. The importance of this

educational work cannot be over-emphasised and the mothers who attend appreciate very much this side of the work. It is during pregnancy that the mother is particularly responsive and at these classes she learns a great deal about child welfare which helps her to be an intelligent mother.

"*Health of Mother and Child.*"—A new edition of this publication, price 1s. 6d., was issued in 1957. The booklet is sold at Child Welfare clinics and City hospital antenatal clinics, and to other Local Authorities in Scotland and England. Requests for copies are received from all parts of the world. In 1965 the total number of copies issued was 1,961, of which 873 were sold at the Child Welfare clinics (compared with 3,330 in 1964 and 1,297 in 1963). A new edition is in preparation.

ULTRA-VIOLET RAY CLINIC.

It is desirable to continue the arrangements for light treatment of certain children.

RECORD OF ATTENDANCES AND CONSULTATIONS DURING 1965.

Number of Clinics held	Children - 1 year Number of Attendances		Children + 1 year Number of Attendances		Mothers Number of Attendances		Total Number of Attendances	
	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.
	Provan ... 98	2	18	75	1,146	—	—	77	1,182

DENTAL TREATMENT—

EXPECTANT AND NURSING MOTHERS.

In spite of improving our service by offering increased "gas" sessions and immediate and temporary dentures, the number of mothers treated dropped considerably, although the number of fillings done showed no significant difference from previous years and the number of dentures supplied was actually greater than in 1963 and 1962.

For many years it has been the practice to offer dental treatment for mothers only in Florence Street Clinic, Glenbarr Street Clinic or Stuart Laidlaw Clinic. In future, mothers will be able to have dental treatment in any of our clinics except Fairfield which is situated in a school.

SUMMARY OF CLINICAL ATTENDANCES AND TREATMENTS.

	1965	1964	1963	1962
First attendances ...	231	331	328	398
Total attendances ...	1,427	1,698	1,618	2,069
Extractions ...	1,318	1,895	1,731	1,391
Fillings ...	230	245	241	209
Dentures completed ...	318	364	269	285

In addition to the above figures, 36 dentures were remade or relined to replace temporary or immediate dentures already supplied. Repairs totalled 17 and other operations amounted to 829.

DAY NURSERIES AS AT END OF 1965.

	Approved for training	No. of Approved Places	No. of Children on register at end of year				Average daily attendances during year		Waiting lists at end of year	
			0-2 yrs.		2-5 yrs.		0-2 yrs.		2-5 yrs.	
			0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.
"Bedford Street," 42 Bedford Street, C.5 ...	—	0	40	10	30	8	26	23	17	
"Bridgeton," 106 Orr Street, S.E. ...	Yes	6	50	20	30	17	25	88	42	
"Broompark," 7 Broompark Circus, E.1 ...	Yes	10	60	29	30	18	21	15	10	
"Clutha Street," 36 Clutha Street, S.W.1 ...	Yes	6	50	20	30	16	24	30	64	
"Cowcaddens," 91 Dunblane Street, C.4 ...	Yes	6	45	14	30	14	26	38	60	
"Craigielea," 2 Craigpark, E.1	Yes	5	50	20	30	18	28	12	8	
"Crail Street," 60 Crail Street, E.1 ...	Yes	5	50	20	30	14	26	10	32	
"Elderpark," Arklet Road, S.W.1 ...	—	0	40	10	30	10	28	20	78	
"Hamiltonhill," 101 Ellesmere Street, N.1 ...	Yes	8	50	19	30	14	27	21	24	
"Holmlea," 77 Holmlea Road, S.4 ...	Yes	5	50	22	28	17	26	26	29	
"Kingston," 132 Weir Street, C.5 ...	—	—	40	5	35	6	30	8	24	
"Onslow Drive," 6 Onslow Drive, E.1 ...	Yes	3	60	18	41	13	27	11	13	
"Pollokshaws," 11 Greenbank Street, S.3 ...	—	—	40	10	30	7	27	26	25	
"Quarrybrae," Pharonhill Street, E.1 ...	Yes	6	21	15	5	13	4	16	—	
22 Sandy Road, W.1 ...	Yes	5	40	15	25	13	23	20	29	
1 Sandyford Place, C.3 ...	Yes	12	50	25	25	20	24	20	16	
1107 Gt. Western Road, W.2	—	—	35	8	27	5	21	5	7	
Total ...		77	771	280	486	223	413	369	478	

Physical—

Congenital muscular dystrophy	...	...	...	...	...	...	...	1
Cardiac condition	...	...	...	...	...	...	...	1
Cerebral palsy	...	...	...	...	...	...	...	1
Strabismus	...	...	...	...	...	...	...	1
Hypospadias	...	...	...	...	...	...	...	1

Five hundred and ninety-five of the children notified as "at risk" in 1964 were still in the register at the end of December, 1965.

During 1965, 109 children had moved outwith the City and there were 36 deaths.

The following defects were reported :—

Physical—

Cardiac condition	...	...	...	...	...	...	...	21
Double kidney and ureter	...	...	...	...	...	...	...	1
Double ureter and pyuria	...	...	...	...	...	...	...	1
Chronic pyuria	...	...	...	...	...	...	...	1
Coeliac	...	...	...	...	...	...	...	1
Colostomy (for imperforate anus)	...	...	...	...	...	...	...	1
Colostomy (for Hirschsprung's disease)	...	...	...	...	...	...	...	2
Strabismus	...	...	...	...	...	...	...	8
Nystagmus	...	...	...	...	...	...	...	1
Talipes	...	...	...	...	...	...	...	2
Shortening of leg	...	...	...	...	...	...	...	1
Albino with visual defect	...	...	...	...	...	...	...	2
Facial palsy	...	...	...	...	...	...	...	1
Iron deficiency anaemia (severe enough to require hospitalisation)	...	...	...	...	...	...	...	1
Splenectomy (acholuric jaundice)	...	...	...	...	...	...	...	1
Enlarged thymus	...	...	...	...	...	...	...	1
Cleft palate	...	...	...	...	...	...	...	1
Pancreatic deficiency	...	...	...	...	...	...	...	1
Fragilitas ossium	...	...	...	...	...	...	...	1
Asthma	...	...	...	...	...	...	...	1
Cerebral palsy	...	...	...	...	...	...	...	4
Spina bifida with deformity of fingers	...	...	...	...	...	...	...	1

Mental—

Mongol	...	...	...	...	...	...	...	5
Mongol with heart condition	...	...	...	...	...	...	...	1
Hydrocephalus	...	...	...	...	...	...	...	3
Hydrocephalus with kidney abnormality	...	...	...	...	...	...	...	1
Simple retardation	...	...	...	...	...	...	...	11
Mentally retarded and blind in one eye	...	...	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	...	...	2
Gargoylism	...	...	...	...	...	...	...	1
Cerebral damage	...	...	...	...	...	...	...	1

Of the above defects twenty-one had been present when the case was put on the "at risk" register. These were the congenital conditions.

Only these children with defects which will require continuing medical care and/or special educational treatment are transferred to the handicap register.

In 1965, 4,460 children were notified as being "at risk". It will be noted that since the register started there has been a rise each year

in the numbers notified. This is probably due to the fact that the health visitors are now very familiar with all the risk categories and notification has improved since the inception of the register. It is not anticipated that there will be any further marked rise in the number of notifications.

There were 2,673 children in the single risk group. The numbers in the various risk categories are detailed below :—

Genetic—

Family history of deafness, blindness, epilepsy, C.N.S. defect	8
----------------------------------------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	---

Prenatal—

Rubella or other virus infection in first 16 weeks of pregnancy	...	...	...	...	...	...	...	...	8
Blood incompatibilities	...	...	...	...	...	...	...	...	94
Hyperemesis	...	...	...	...	...	...	...	...	22
Threatened abortion	...	...	...	...	...	...	...	...	142
Severe illness necessitating chemotherapy or major surgery in early months of pregnancy	...	...	...	...	...	...	...	...	11
Thyrotoxicosis	...	...	...	...	...	...	...	...	7
Diabetes	...	...	...	...	...	...	...	...	7
Toxaemia of pregnancy	...	...	...	...	...	...	...	...	367
Multiple pregnancy	...	...	...	...	...	...	...	...	92
Other complications of pregnancy, e.g., pyelitis	...	...	...	...	...	...	...	...	258

Perinatal—

Prolonged or difficult labour	...	...	...	...	...	...	...	...	727
Prematurity	...	...	...	...	...	...	...	...	410
Postmaturity	...	...	...	...	...	...	...	...	63
Anoxia	...	...	...	...	...	...	...	...	242
Prolonged poor sucking, feeble respiration	...	...	...	...	...	...	...	...	29

Postnatal—

Neonatal jaundice	...	...	...	...	...	...	...	...	19
Convulsions	...	...	...	...	...	...	...	...	23
Cerebral palsy	...	...	...	...	...	...	...	...	—
Otitis media	...	...	...	...	...	...	...	...	—
Presence of other congenital abnormalities, particularly those involving eyes, heart or central nervous system	...	...	...	...	...	...	...	...	57
Meningitis or encephalitis	...	...	...	...	...	...	...	...	—

In addition there were five children in a miscellaneous group as follows :—

Conditions in Mother—

Rubella contact. (Had received gamma globulin)	...	...	...	...	...	...	...	...	4
Positive Wassermann	...	...	...	...	...	...	...	...	1

Conditions in Child—

Hypoglycaemia	...	...	...	...	...	...	...	...	1
Haemorrhagic disease of newborn	...	...	...	...	...	...	...	...	5
Persistent vomiting	...	...	...	...	...	...	...	...	1
Urinary infection	...	...	...	...	...	...	...	...	1

Postnatal—

Neonatal jaundice	33
Convulsions	9
Cerebral palsy	—
Otitis media	—
Presence of other congenital abnormalities, particularly those involving eyes, heart or central nervous system	20
Meningitis or encephalitis	—

There were 86 children in the four-risk group. The numbers in the various risk categories are detailed below:—

Genetic—

Family history of deafness, blindness, epilepsy, C.N.S. defect	5
----------------------------------------------------------------	---

Prenatal—

Rubella or other virus infection in first 16 weeks of pregnancy	—
Blood incompatibilities	6
Hyperemesis	5
Threatened abortion	21
Severe illness necessitating chemotherapy or major surgery in early months of pregnancy	2
Thyrotoxicosis	—
Diabetes	1
Toxaemia of pregnancy	38
Multiple pregnancy	15
Other complications of pregnancy, e.g., pyelitis	38

Perinatal—

Prolonged or difficult labour	60
Prematurity	41
Postmaturity	16
Anoxia	54
Prolonged, poor sucking, feeble respiration	24

Postnatal—

Neonatal jaundice	12
Convulsions	5
Cerebral palsy	—
Otitis media	—
Presence of other congenital abnormalities, particularly those involving eyes, heart or central nervous system	9
Meningitis or encephalitis	1

There were 9 children in the five-risk group. The numbers in the various risk categories are detailed below:—

Genetic—

Family history of deafness, blindness, epilepsy, C.N.S. defect	1
-----------------------------------------------------------------------	---

Prenatal—

Rubella or other virus infection in first 16 weeks of pregnancy	—
Blood incompatibilities	—
Hyperemesis	1
Threatened abortion	1
Severe illness necessitating chemotherapy or major surgery in early months of pregnancy	—
Thyrotoxicosis	—
Diabetes	—
Toxaemia of pregnancy	6
Multiple pregnancy	2
Other complications of pregnancy, e.g., pyelitis	3

Perinatal—

Prolonged or difficult labour	5
Prematurity	6
Postmaturity	1
Anoxia	9
Prolonged poor sucking, feeble respiration	6

Postnatal—

Neonatal jaundice	1
Convulsions	—
Cerebral palsy	—
Otitis media	—
Presence of other congenital abnormalities, particularly those involving eyes, heart or central nervous system	2
Meningitis or encephalitis	—

In 1965, 110 of the children notified had moved outwith the City. Five children had moved and their new address was unknown. Forty-three deaths were reported.

The following defects were reported in 1965.

Physical—

Pierre-Robin syndrome	1
Werdnig-Hoffman's disease	1
Cerebral palsy and defective vision	1
Ptosis	1
No external auditory meatus	1

Mental—

Mongol	1
---------------	---

Seven children were notified but not retained in the risk register. They were put straight on to the handicap register. They had the following handicaps:—

Physical—

Lower motor neurone paralysis	1
Hemiplegia	1

Mental—

Mongol	4
Mongol with congenital heart condition	1

Review of the progress of the children notified in 1965 will begin in 1966.

HANDICAP REGISTER.

Children suffering from disabilities likely to require specific medical, educational or social facilities are notified by the health visitors and a central register is kept.

In 1965 one hundred and twenty-two children were notified.

Age at notification was as follows :—

AGE AT NOTIFICATION.

—7 days	...	...	...	...	2
8—28 days	...	...	...	...	10
29 days—1 yr.	...	...	...	...	40
—2 yrs.	...	...	...	...	33
—3 yrs.	...	...	...	...	21
—4 yrs.	...	...	...	...	14
—5 yrs.	...	...	...	...	2
					<hr/>
					122
					<hr/> <hr/>

The types of defect notified were as follows :—

DEFECT—MENTAL.

Mongol	...	...	...	...	20
Amentia	...	...	...	...	18
Epilepsy	...	...	...	...	4
Brain damage	...	...	...	...	1
Aphasia	...	...	...	...	1
Hydrocephalus	...	...	...	...	5
Toxoplasmosis	...	...	...	...	1
Histodynaemia	...	...	...	...	1
					<hr/>
					51
					<hr/>

DEFECT—PHYSICAL.

Abnormality of kidney	...	...	...	...	2
Cardiac lesion	...	...	...	...	22
Harelip—cleft palate	...	...	...	...	4
Talipes	...	...	...	...	10
Deformity of spine	...	...	...	...	1
Cong. dislocation of hip	...	...	...	...	1
Absence of fibula	...	...	...	...	1
Amputation of leg	...	...	...	...	1
Amputation of leg and forearm	...	...	...	...	1
Cong. absence of left forearm	...	...	...	...	1
Cong. disease of liver	...	...	...	...	1
Fibrocystic disease	...	...	...	...	1
Coeliac disease	...	...	...	...	2
Spina bifida	...	...	...	...	9
Cerebral palsy	...	...	...	...	7
Blind	...	...	...	...	1
Severe visual defect	...	...	...	...	1
Absence of one eye	...	...	...	...	1
Cataract	...	...	...	...	2
Deaf	...	...	...	...	2
					<hr/>
					71
					<hr/>

The types of defect notified early are mainly, as to be expected, those congenital conditions which are obvious at birth. Physical abnormalities such as cleft palate, spina bifida, talipes, are notified very early. Among the conditions leading to mental handicap mongolism is the main condition which is recognised at birth or shortly after. Only two cases of cerebral palsy were reported under one year and these were both severe. Congenital cardiac conditions are usually recognised at birth or diagnosed within the first year on routine examination at Child Welfare clinics or when the child is seen by a doctor for an intercurrent illness. Cases of non-specific retardation only become manifest when the child fails to pass the developmental milestones at the expected ages. These cases, therefore, tend to be diagnosed later.

Some congenital abnormalities can be treated adequately at an early age and cease to require specific medical, educational or social measures. They can then be removed from the register.

REPORT ON THE ASSESSMENT AND ADVISING CENTRE, GLENFARG STREET, N.W.

One hundred and nineteen sessions were held at the Centre in 1965. Sixty-seven children were referred to the Centre in 1965. Children are seen by appointment which is made by the health visitor. This initial contact with the Centre is important in establishing a relationship with the family and in alleviating their anxiety to some extent before the child is seen at the clinic. The health visitor on this visit also can make some assessment of social conditions, family relationships and of the attitude of the family to the handicapped child.

Children were referred from the following sources :—

Hospital Paediatricians	10
Family Doctor	3
Audiologist	1
Hospital Almoner	3
Child Welfare Medical Officers ...	50

The children referred by the hospital almoners were referred for admission to Broomhill Special Nursery and were seen to decide on their suitability for the nursery.

In addition to children seen at the Centre, four children were seen in hospital.

SUMMARY OF CONDITIONS SEEN.

Minimal cerebral damage	...	...	8
Simple retardation	...	...	31
Developmental speech	...	...	—
Disorder	...	...	9
Mongol	...	...	3
"Floppy" baby syndrome	...	...	1
Hemiplegia	...	...	1
Hydrocephalus	...	...	1
Spastic quadriplegia	...	...	1
Congenital muscular dystrophy associated with arthrogyriposis	...	...	1
Petit mal	...	...	1
Epilepsy	...	...	1
Familial dysautonomia	...	...	1
Deprivation syndrome	...	...	2
Behaviour disorder	...	...	1
General developmental delay—Normal?			1
		Normal	4

Three of the children with minimal cerebral damage were of normal intelligence and one was borderline. One was slightly retarded and will require education in a special school. The remaining three in addition to being slightly retarded had special speech difficulties. Two were aphasic and one had delayed speech development. There was no loss of peripheral hearing in those children but one had a degree of auditory imperception. The children are attending the Audiology Centre for auditory and speech training. They present a difficult problem and one of particular difficulty at school age.

Nine children were referred because of delayed or imperfect development of speech. These children were all of normal intelligence and have no peripheral hearing loss. There were no signs of cerebral damage. Because of the lack of any underlying cause of their speech disorder they were classed as developmental speech disorders.

Of the 31 cases of simple retardation 15 were only slightly retarded but will require special schooling. Eight were moderately retarded and will probably be admitted to Occupation Centre at school age. Eight children were severely retarded. Three of this last group take frequent convulsions. Three of the 31 children in this group had squints requiring treatment and one had choroiditis.

The two epileptic children and the child with congenital muscular dystrophy were of normal intelligence.

The child with the "floppy" baby syndrome, the hemiplegic child and the hydrocephalic child were all slightly retarded.

The child with spastic quadriplegia had had an operation for meningo-myelocele and was severely retarded.

The four children classed as normal attended for a variety of reasons. One was referred because of a history of anoxia at birth and because he was thought to be slightly retarded. One child had an abnormally wide anterior fontanelle at birth. One child was a twin and the mother was anxious as his development was slower than that of his twin. One child was 3½ lbs. at birth and was being kept under observation for a period before adoption.

The mother of the child with general developmental delay had died and from the history it was clear that there had been a lack of stimulation and mothering. The developmental quotient was a little below normal. This child was seen because the question of adoption had arisen.

All the handicapped children are re-assessed periodically. Counseling of parents continues to be an important part of the work of the Centre. Clinic visits are supplemented by home visits by the health visitor who has had special training in mental health.

Cases which present difficulty in diagnosis are seen by Professor Hutchison and if further investigation is indicated are admitted to his ward. Dr. Schaffer, lecturer in psychology, Strathclyde University, attends about once a month for an informal case conference.

Twelve children from the Centre were attending Broomhill Special Nursery, three being new admissions in 1965. Fifteen children were in day nurseries, eleven being new admissions in 1965. Seven children were in nursery schools, two being new admissions in 1965. Children for ordinary day nurseries and nursery schools are carefully selected, and the policy of placing a few handicapped children in these places has been successful. The children have settled well and not proved to be a disruptive influence and the social and educational training has been most beneficial to the children. We continue to be indebted to the Association for the Mentally Handicapped for admitting children to the Day Centre at Laurieston House and also for short stay residential care at Stewart Home, Cove.

Liaison with the School Health Service continues, the children being seen by a senior Medical Officer of the School Health Service as they approach school age. This unhurried consultation in surroundings familiar to parent and child is a good introduction to the School Health

Service. The probable school placing of the child is discussed and an explanation of the type of training or education given.

Some handicapped children from one of the Children's Department homes are now being placed with foster parents. These children attend the Centre for assessment of progress. Children and foster parents have to be selected with care if the scheme is to succeed. So far the scheme has proved very successful. There has been no breakdown in any of the fosterings and the physical and psychological progress of the children has been very satisfactory.

A parent's meeting is held about once a month during the winter. Discussion follows a short talk or film. In the group discussion staff can learn a lot about parents' fears and anxieties which they may not bring out at an individual interview. Parents also give one another mutual support and help.

THE BALVICAR CENTRE (CHILD DEVELOPMENT).

There has been a steady flow of new patients to the Centre during the past year. Parents have observed appointments well and 'phoned apologies when patients were unable to attend. It is gratifying to note how often both parents have attended, especially at the initial interview.

The practice has been to accept only those patients who are referred by a Medical Practitioner and it is advisable for the district health visitor to introduce the patient to the Centre. This gives confidence to the parents and provides an opportunity for the health visitor to supply a social history. Transport is available when necessary.

The initial interview with the Medical Officer is lengthy and is conducted in a relaxed atmosphere. Thereafter, all children are screened for hearing and vision, and psychological testing is done and, where necessary, appointments to see the appropriate Consultants are fixed. If the patient should already be attending a Hospital Outpatient Department, then communication is established and an interchange of reports can take place. The Consultants attend regularly at the Centre and are supported by visiting Psychologist, Physiotherapist and Speech Therapist.

The health visitor attached to the Centre has carried out all the domiciliary visiting and this has provided support to families in need, as well as a source of valuable social information.

The Parents' Evenings have been most successful and parents are encouraged to use the services at the Centre in a crisis, or to 'phone or

call if they require advice. The staff meet these requests as far as possible.

General Practitioners have co-operated well and regular reports are sent to them by post.

All invitations to lecture to Societies, Guilds, etc., have been accepted by the Medical Officer and the health visitor of the Centre. In this way, as well as informing the public, it is hoped to emphasise the importance of early referral.

The waiting list for the Special Day Nursery is increasing rapidly, and, as the long-term policy adopted makes for little change in the Nursery population, this is becoming a problem. Moreover the shortage of places in Day Nurseries and Nursery Schools, for children who attain this level, again makes for unwieldiness.

The number of Play Therapy Groups has increased and there is now a waiting list.

	Male	Female	Total
No. of New Cases	66	47	113
No. of Subsequent Visits ...	174	96	270
No. of Visits to Consultants (at Balvicar Centre)—			
Paediatrician	19	17	36
Neurologist	1	3	4
Orthopaedic Surgeon ...	17	15	32
Ophthalmologist	47	27	74
Otologist	3	9	12
Psychiatrist	1	—	1
Dentist	19	6	25
Psychologist (including 33 Griffiths Assessments carried out by Medical Officer at Centre)	45	35	80
Audiologist	38	25	63
	<u>190</u>	<u>137</u>	<u>327</u>

Source of New Cases—

Hospital	5
General Practitioner (including Parent via G.P. and health visitor via G.P.)	28
Child Welfare Officer	65 (Including 8 transfers)
Education Health Service (including Audiologist and Child Guidance Clinic)	13
Children's Department	2

Analysis of Cases—

	Male	Female	Total
Physical Handicap	8	5	13
Mental Handicap... ..	22	10	32
Behaviour Handicap	5	15	20
Social Handicap	—	—	—
Physical + Mental Handicap ...	3	3	6
Behaviour + Mental Handicap ...	9	4	13
Social + Mental Handicap	2	—	2
Social + Physical Handicap	—	1	1
Behaviour + Physical Handicap ...	5	5	10
Behaviour + Social Handicap ...	1	—	1
Behaviour + Mental + Physical Handicap	3	1	4
Social + Mental + Physical Handicap	—	—	—
Social + Mental + Behaviour Handicap	2	1	3
Social + Physical + Behaviour Handicap	1	1	2
Social + Mental + Physical + Behaviour Handicap	5	1	6
	<u>66</u>	<u>47</u>	<u>113</u>

Diagnoses—

Physical Condition (including Anaemia, Congenital Deformity, etc)	7
Cerebral Palsy	8
Spina bifida/Hydrocephalus	9
Achondroplasia	1
Minimal Cerebral Dysfunction (including Aphasia, Hyperkinesia, Epilepsy)	19
Mental Retardation	45
Phenylketonuria	3
Mongolism	9
Gargoylism	1
Partially Sighted	5
Visual Defects	15
Emotional and Behaviour Disturbances	47
Adverse Environmental Conditions	15

RESIDENTIAL HOMES AND NURSERIES.

SHORT STAY NURSERIES.

There are two Short Stay Nurseries, one at Glenrosa, 47 Maxwell Drive, and the other at 9 Winton Drive. These Nurseries care for children under the age of five years whose mothers are in hospital. The maximum duration of stay is one month.

During 1965 there were 350 admissions to Glenrosa and 358 to Winton Drive. The number of admissions to both homes is appreciably lower than for some years. Nevertheless the service is still in constant demand and is much appreciated by those who require to use it.

CARNBOOTH HOUSE.

During 1965 there were 181 admissions to this home. Five children came for segregation before and after B.C.G. vaccination, the remainder were admitted for a period of general care in good surroundings. The latter were recommended by Medical Officers at Child Welfare Centres.

Many of the children recommended came from large families where the mothers were unable to give adequate care because of the size of family and poor housing conditions. A number of children were recommended because the mother was having psychiatric treatment and her disturbed mental condition was having an adverse effect on the health of the children.

The children benefit from good diet and regular routine. They also benefit from the opportunities for outdoor play in the spacious grounds of the home.

SCOTSTOUN HOME.

The number of admissions to this home in 1965 was 100. The home is still situated in the rather cramped premises of the upper flat of 1107 Gt. Western Road. Although the premises are not ideal the children do show improvement as a result of nursing care, good diet and regular routine. Improvement has been especially marked in a small number of children who were transferred to the home from hospital where they had undergone investigations for failure to thrive.

MILLBRAE HOME.

The total number of children admitted to this home in 1965 was 90. There were 38 neonates admitted from hospital for segregation following B.C.G. vaccination. There were 13 children under the age of two years who were tuberculosis contacts. These latter children remained in the home for six weeks before and six weeks after B.C.G. vaccination. The remaining 39 children were referred for a period of convalescence either by Child Welfare Medical Officers or hospital almoners.

The general condition of most of the babies, on admission, is poor. Indeed some of the babies transferred from hospital were so frail that for some weeks following admission they caused considerable anxiety. The care of such infants demands high nursing standards and the improvement shown by the infants reflects credit on the nursing staff.

CHILDREN'S DEPARTMENT HOMES.

The Medical Officers of the Child Welfare staff again undertook the medical care of the children in Eglinton, Eversley, Lochgarry and Castlemilk Homes during 1965.

Quarterly visits were also paid to Blairvadach, Corrybeg and Lochaber for administrative purposes.

The Medical Officers examine all the children when they are admitted to the homes and regular medical supervision is provided for all resident children. The medical care of the children in these homes, in addition to providing a general practitioner service for each child, includes general supervision of the homes from the point of view of general hygiene and control and prevention of infection.

NURSERIES AND CHILD MINDERS.

The Nurseries and Child Minders Regulations Act, which came into operation in August, 1948, provides for the registration of certain nurseries and of persons who, for reward, receive and look after children in their own homes.

Six applications were received during 1965 for registration of nursery premises. All of these were approved and added to the register. In addition registration was granted in respect of an application made in 1964 and three nurseries closed down, leaving at the end of December, 1965, a total of 25 registered private nurseries providing accommodation for 453 children under school age, an increase of 47 on last year's total.

One of the nurseries registered in 1965 is the first in the City to be run by an industrial firm for the children of their women workers. This nursery provides accommodation for 21 children.

All the nurseries were inspected during the year and each was found to conform to the required standards.

HEALTH VISITING SERVICE.

Once again there has been a big turnover of health visitors, some to marry, some to go abroad and others retiring. Some go to America and Canada and return in a few years to Glasgow. In 1965 twenty health visitors left the staff and the number at the end of year was 228 (Child Welfare 142—Tuberculosis 25—Education Health 52—Venereal Disease 2—Superintendents and Tutors 7).

Care of the elderly still makes heavy demands on the Department as many senior citizens return from hospital to live alone in very

unsuitable surroundings. Fireguards are still conspicuous by their absence in some of the poorer homes, where burning accidents occur again and again.

The necessity for Poliomyelitis vaccination continues to be emphasised by health visitors, but there is still a great deal of apathy or "couldn't care less" attitude in some of the poorer areas of the City.

During the year the Child Welfare health visitors attended two courses of lectures in Stobhill Hospital on Psychoprophylaxis, and although they have been doing this work in the Antenatal Clinics they were very pleased to gain more knowledge at these evening sessions and appreciated the help and co-operation given by Miss Bradley, Dr. Giles and their staff. Mental Health After Care is still being done, work which is time consuming. One health visitor attached to Gartloch Hospital has returned to Bridgeton area where she continues to work with increased knowledge.

Special surveys were carried out by the Child Welfare staff on behalf of Dr. Schaffer of Strathclyde University and an intensive Longitudinal survey, this time for Dr. Stott of Glasgow University, which began in 1965 will continue for another two years, entailing a great deal of work for the health visitors.

Dr. Arneil's survey into Rickets and the diet of children was completed and was followed up by a further survey of selected areas in Scotland by the Scottish Home and Health Department. These surveys entail many extra visits by the health visitors as all too frequently parents are working and are not available and many move from place to place leaving no address.

During July, health visitors worked in the evenings taking part in "The Over 45 Male Survey" reported elsewhere. The number of men who attended surpassed all expectations. While this was in addition to their ordinary day's work the health visitors thoroughly enjoyed it.

Under the auspices of the General Nursing Council, hospital student nurses must now have three weeks' experience in a Health and Welfare Department. This entails visiting the homes of the people with the health visitors to learn something of the social background of the community. Lectures are given to these nurses by the Child Welfare and Tuberculosis staff.

Under the new Council for the Training of Health Visitors, five health visitors completed a course as Field Work Instructors and were most helpful in the training of student health visitors throughout the year.

The staff are still asked to be speakers and examiners for Red Cross, Girls Brigade, Women's Guilds, etc., and give willingly of their time in the evenings.

HEALTH AND TUBERCULOSIS VISITING.

The following table shows the number of home visits and cases attended by the Health Visiting staff in 1965 :

NUMBER OF HOME VISITS AND CASES.

Visited by Health Visitors, i.e., Certificated Health Visitors and others doing health visiting work	Number of cases	Number of visits
1. Expectant Mothers	1,896	3,581
2. Children born in 1965	20,705	85,373
3. Children born in 1964	20,175	69,932
4. Children born 1960-63	53,756	109,888
5. School children	13,463	14,382
6. (a) Persons aged 65 and over	110	335
(b) Persons included above who were visited at the special request of a general practitioner or hospital	10	25
7. (a) Mental Health: care and after-care	1,119	7,072
(b) Persons included above who were visited at the special request of a general practitioner or hospital	604	4,206
8. (a) Other hospital after-care	144	151
(b) Persons included above who were visited at the special request of a general practitioner or hospital	108	111
9. Tuberculous households	11,044	35,419
10. Other infectious diseases	164	397
11. Other	1,827	2,420
Total	125,125	333,292

HEALTH VISITOR'S TRAINING CENTRE.

The 1964-65 Course of Training commenced on Monday, 7th September, 1964, with a total of 42 students. Of this number, 30 were assisted by Glasgow Corporation and given a maintenance allowance equal to three-quarters of the minimum health visitor's salary while training. These students remained under contract to the Department for one year on completion of the Course.

Eleven students were sponsored by other Local Authorities and one student was enrolled for the Integrated Course of Training for District Nurses and Health Visitors.

All students were successful in the final examination which was conducted by the Royal Sanitary Association of Scotland for the last time prior to the introduction of the new syllabus of the Council for the Training of Health Visitors in September, 1965.

The presentation of prizes and certificates was made by Dr. E. M. Warwick, Scottish Home and Health Department. The function was presided over by the Right Honourable The Viscountess Weir.

PUBLIC HEALTH TRAINING OF STUDENT NURSES.

Under the new nurse training rules, student nurses during their general training must have three weeks' experience in Public Health. Theoretical training is given in the school at 3 Lancaster Crescent and practical work is arranged in co-operation with the various branches of the Health and Welfare Department. The organisation of these courses is carried out by the tutorial staff of the Health Visitor Training School. The first course began in August, 1965, subsequent courses commencing every three weeks. By the end of the year 200 student nurses had completed this training.

DOMICILIARY MIDWIFERY SERVICE.

In 1965 the number of registered midwives practising in the City was 129. Of these 80 were full-time domiciliary midwives in the service of the Corporation and 12 part-time; included in this number are the Chief Supervisor and nine Assistant Supervisors. The introduction of part-time midwives has been most successful. The 12 now employed are fully trained and qualified and have carried out their duties in an excellent manner. Of the remainder 20 were Queen's Nurses engaged in full-time midwifery and other 17 midwives were variously employed—15 in association with maternity homes and 2 in private practice.

The Corporation midwifery service has, since its inception in 1940, been very popular with Glasgow mothers and many of them, having experienced the advantages of this service during their first confinement, now readily book a Corporation midwife for their second and subsequent pregnancies. Far too many women, however, delay booking a midwife for the approaching confinement until well into the seventh or eighth month. In 1965, of the 4,579 booked applications, 827 were not made till the seventh and 548 till the eighth month of pregnancy. No less than 173 applications were made as late as the ninth month. This militates against the mother receiving adequate antenatal care and sufficient mothercraft teaching from the midwives.

During the year the municipal midwives attended 2,864 cases, paying 30,998 antenatal visits and 40,811 during the puerperium, while the Queen's Nurses attended 725 cases, to whom they paid 19,814 visits.

A supervisor is always on duty, day and night, to deal with emergency calls and/or arrange for admission to hospital. The close co-operation which exists between the hospitals and district staff is invaluable in an emergency and is very much appreciated. In addition, a considerable part of the work of the supervisors is the general supervision of midwives under the Midwives (Scotland) Act, 1951, and the inspection of the patients' homes with regard to their suitability for a confinement. All midwives are encouraged to report cases where the house is only a single apartment or overcrowded, so that arrangements may be made for the confinement to take place in a hospital. Where necessary the aid of the Department's disinfecting staff is invoked to have the houses sprayed or disinfected and washing done prior to the confinement taking place—a much appreciated service.

Maternity outfits are available on application for women who are to have a home confinement and 4,885 of these, costing 15s. 6d. each, were issued free of charge in 1965.

The introduction of these sterilised dressings has been of the greatest benefit to both patient and midwife, not least as a practical demonstration of the value of personal hygiene.

Gas and Air Analgesia and Trilene can now be administered by midwives to those patients certified by their doctors as requiring it. Only midwives duly certified by the Central Midwives' Board as being properly qualified to administer such analgesics are permitted to do so.

The domiciliary staff also undertake the training of pupil midwives from the maternity units of the following hospitals :—Stobhill, Southern General, Glasgow Royal Maternity Hospital, Queen Mother's Hospital, Western District, Eastern District, Robroyston and Redlands. The scheme provides that there is always a domiciliary midwife at each confinement. For this training 60 of the midwives are approved by the Central Midwives' Board. During the year 413 pupils from the above hospitals attended 2,496 confinements and made 22,791 puerperium and 10,348 antenatal visits. Training of pupil midwives is also carried out by the District Nursing Association and reference to this will be found in the Home Nursing Section of this Report.

Post-graduate courses for midwives are held each year in one or other of the larger cities and twenty-two midwives are authorised to attend.

The following table shows the work carried out by the midwives during 1965.

Number of births classified to show nature of attendance at birth :—

Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947.

	Doctor present at actual confinement	Doctor present at any time during Labour	Doctor not present at any time	Midwife alone (no doctor engaged)	Total
(a) Midwives employed by the Authority	1,471	583	780	30	2,864
(b) Midwives employed by voluntary organisations	314	375	36	—	725
(c) Total	<u>1,785</u>	<u>958</u>	<u>816</u>	<u>30</u>	<u>3,589</u>

Fees to doctors attending emergency cases amounted to £66 17s.

CASES OF PUERPERAL FEVER OCCURRING IN THE PRACTICE OF MIDWIVES.

Year	Midwives	Cases Notified
Average 1939-45	33	45
Do. 1946-50	25	33
Do. 1951-55	5	5
Do. 1956-60	2	2
1961	—	—
1962	1	1
1963	1	1
1964	—	—
1965	—	—

OPHTHALMIA NEONATORUM.

The number of cases of Ophthalmia Neonatorum notified during 1965 was 16.

Ophthalmia Neonatorum	...	5
Purulent Conjunctivitis	...	7
Simple Conjunctivitis	...	4

Age at onset was as follows :-

- 12 hours	...	...	...	2
- 4 days	...	...	...	5
- 8 days	...	...	...	3
+ 8 days	...	...	...	6

Attendance at birth was as follows :—

General Practitioners	...	...	...	5
Institutions	...	...	...	10
District Nurses	...	...	...	—
Midwives	...	...	...	1

Bacteriological examination was carried out in :—

Gonococci	...	...	...	4
Staphylococcus albus	...	...	...	4
Pneumococcus	...	...	...	1
Organism not specified	...	...	...	3
No organism found	...	...	...	1
No swabs taken	...	...	...	2
Not stated if swabs taken	...	...	...	1

Five cases were admitted to Ruchill and three to Belvidere.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

During the year there were 138 cases of puerperal fever and 65 cases of puerperal pyrexia compared with 136 and 43 respectively for the preceding year. All but six cases of puerperal fever and five of puerperal pyrexia were removed to hospital or other institution.

There were two deaths among these cases of puerperal fever and one from puerperal pyrexia.

WELFARE FOODS.

A DETAILED ACCOUNT OF THE YEAR'S WORKING.

The Distribution of Welfare Foods was taken over from the Ministry of Food on 28th June, 1954.

Under the Ministry of Food there were 25 distribution centres in Glasgow. There are now 34 centres. The additional centres are necessary to cover the outlying housing schemes.

The documents of entitlement to Welfare Foods are issued to beneficiaries by the Ministry of Pension and National Insurance on application.

The welfare price of National Dried Milk was increased from 10½d. to 2s. 4d. per tin in 1957 and since then there has been a continuing drop in demand. The increase in price is not the only reason for the decline in issues, other contributing factors being (1) babies now being given solid foods at a much earlier age and (2) parents buying the more attractively packed proprietary baby food.

National Dried Milk may be purchased at a price of 4s. per tin if no valid token is available. The average weekly issues of such milk in 1965 was 330 as compared with 206 in 1964 and 136 in 1963. The increase in sales is probably due to the increased price of Liquid Milk. Beneficiaries have found that when only one tin of National Dried Milk is required per week it is a saving to pay the full cost of 4s. per tin and to use milk tokens for the purchase of Liquid Milk.

From 1st June, 1961, the following price increases for vitamin products came into effect :—

Orange Juice	...	1s. 6d. per bottle. Previously 5d.
Cod Liver Oil	...	1s. per bottle. Previously free.
Vitamin Tablets	...	6d per packet. Previously free.

Tokens are no longer required for vitamin products (other than free issues) and no proof of identity is required of beneficiaries.

VITAMIN PRODUCTS

PERCENTAGE UPTAKE OF POTENTIAL

	1965	1964	1963	1962	1961	1960	1959
Orange Juice ...	6.2%	5.8%	4.9%	3.6%	9.5%	25.5%	23.8%
Cod Liver Oil ...	4.3%	4.9%	3.9%	3.2%	5.7%	8.1%	8.4%
"A" and "D" Tablets	9.2%	9.4%	7.9%	5.9%	11.6%	17.9%	17.7%

No reasonably accurate figure of uptake of potential can be given in regard to National Dried Milk, because milk tokens can be used for either liquid or dried milk.

Owing to the fall in the uptake of Cod Liver Oil and especially in the light of the return of rickets to the City, the Department has made available a pleasant tasting multiple vitamin syrup which has been widely taken up. For certain areas the vitamin syrup supplied has contained iron.

SECTION IV

SCHOOL HEALTH SERVICE.

This year the services of a Consultant Neurologist became available within the aegis of the School Health Service and electroencephalographic facilities will be established shortly. This service is distinctly necessary as the problem of the "soft" neurological lesion is coming more and more into prominence. A report by Dr. Ivan Draper, Consultant Neurologist, is drawn to the attention of the reader.

During the year many courses were arranged for the school medical staff. These included one on Ear, Nose and Throat Medicine arranged for us by Mr. Iain Simpson at the Victoria Infirmary and another on Ophthalmic Medicine arranged by Dr. William Wilson at the Ophthalmic Institute. These were well attended and were much appreciated by the staff. Notice is here drawn to the reports from Mr. Iain Simpson and Dr. William Wilson. As in previous years members of the staff attended the courses on Mental Deficiency and Introduction to Psychiatry arranged by the University of Glasgow. Health Education is further expanding and a report by Dr. Maud Menzies gives the details of present arrangements. During the year a Course on Teaching Methods was arranged for medical and health visiting staff. This was very successful and our gratitude is due to the Principal of Jordanhill College of Education for his interest and for making the necessary arrangements.

As a follow-up to last year's Dental Health 'HappySmile' Campaign, talks were given to all 5-year-olds and also to children aged 12, 13 and 14 who had not been covered the previous year. For those who received talks in 1964, a competition and display was circulated round all primary schools. Attention is drawn to the report by the Chief Dental Officer, Mr. Martyn Davies.

A report is made this year by Dr. Norman Logan on the state of school fabrics in many of the older buildings. Insufficient attention is at present paid to sanitation in schools. It is difficult to teach hygiene in schools with bad sanitary conditions.

The Audiometric Survey continues to function well. Four members of the school medical staff have now been trained at Manchester and

this should mean a further ready expansion of the work. In this field, the service is well supervised by Mr. Archibald Bain, Consultant in Diseases of the Ear, Nose and Throat.

The Speech Therapy Section has been restricted somewhat this year by lack of staff. Our establishment is 16 but for a good part of the time only 11 therapists have been in post. This shortage of speech therapists is nation-wide. All therapists have the facility of a tape recorder, and two Speech Training Units are now available, one being centred at Kelbourne School and the other at Florence Street Clinic.

Physiotherapy Services are functioning at full strength. During the year the uniform worn by therapists at Kelbourne School was redesigned to make for ease of work.

The Diphtheria and Tetanus Immunisation Campaign was again very successful but numbers were down on those reported in 1964. This is to be expected as by now the great majority of primary school children in Glasgow have had their Diphtheria and Tetanus inoculations completed. In coming years immunisation will be offered to school entrants and to 10-year-old children only.

During the year, three Keystone Vision Testers were purchased and visual surveys of total school populations are now being done. This is in addition to the normal eye testing at 5, 9 and 13 years. A great deal of extra work has been entailed at the Refraction Clinics and for a good part of the year we were fortunate to have 30 sessions per week made available in our clinics for this purpose. For this we must thank our Consultant Ophthalmologist, Dr. William Wilson, for his unfailing interest. After investigation by the Organisation and Methods Organisers, an increase of the nursing staff by 3 was sanctioned in order to expand this work further. Many children in secondary schools are poor readers and the educationists have posed the question whether these children have adequate vision.

During the year an investigation was made into the incidence of Phenylketonuria (P.K.U.) in special school children.

The year 1965 has again been one of intensive activity and development. The pattern of the work is changing; is becoming more complex and demands nowadays a team-work approach between many specialists, the School Medical Officer, the General Practitioner, the Health Visitor and many branches of the Educational Service.

GENERAL STATISTICS

Number of Schools at 31st December, 1965.

(a) Primary	210
(b) Secondary	75
(c) Schools for Handicapped Children	23
(d) Approved Schools	2
(e) Residential Schools	13
(f) Nursery Schools	47
(g) Hospital Schools	7
(h) Agricultural Schools	1
(i) Gardening Schools	1
Total Schools Under Education Authority	<u>379</u>
(j) Schools in receipt of Grant and under Medical Inspection	10
	<u>389</u>

There were also 11 Occupational Centres including one housed in an ordinary school.

The average number of children on the register of all schools was 174,738 and the average number in attendance during the year was 157,309 (90.0 per cent.).

SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

INSPECTION.

Routine medical inspection in ordinary schools was given to (1) children in the Infant Department who had not previously been inspected systematically; (2) 13-year-olds; (3) 16-year-olds; (4) 9-year-olds (testing of vision only) and (5) 6-year-olds (testing of hearing by audiometricians). Vision testing of all age-groups by means of the Keystone Vision Screener was undertaken by nurses in selected schools. Routine medical inspection was also undertaken in schools and classes for handicapped children.

Other arrangements were broadly similar to those which operated last year.

TREATMENT.

A list of the school clinics and services given are as follows :—

CLINIC	Skin, Eye, Ear and other minor diseases	Refraction	Dental	Special Skin	Ultra-violet ray	Orthopaedic	Scabies Baths
80/90 Kinfauns Drive, W.5	1	1	2	—	—	1	—
18 Plean Street, W.4	1	—	1	—	—	—	—
4 Sandy Road, W.1	1	1	1	—	—	—	—
130 William Street, C.3	1	1	1	1	—	—	—
91 Denmark Street, N.2	1	1	2	—	—	—	—
Hyde Park School, N.1	1	1	1	—	—	—	—
15 Glenbarr Street, N.1	1	1	4	—	1	1	1
60 Avenuepark Street, N.W.	1	1	1	—	—	1	—
40 Grovepark Street, N.W.	1	—	1	—	—	—	—
2 Lochdochart Road, E.4	1	—	—	—	—	—	—
5 Craiglockhart Street, E.3	1	—	—	—	—	—	—
74 Wellhouse Crescent, E.3	1	1	—	—	—	—	—
155 Craig Street, E.1	1	1	2	—	—	—	—
23 Acorn Street, S.E.	1	1	—	—	—	—	—
10 Redan Street, S.E.	—	—	1	—	—	—	—
22 Arnprior Quadrant, S.5	1	1	—	—	—	—	—
20 Harriet Street, S.3	1	1	—	—	—	1	—
Calder Street School, S.2	—	—	1	—	—	—	—
26 Florence Street, C.5	1	1	2	—	1	1	1
Netherplace Road, S.W.3	1	1	1	—	—	—	—
74 Berryknowes Road, S.W.2	1	—	—	—	—	—	—
Fairfield School, S.W.1	—	—	1	—	—	—	—
St. Anthony's School, S.W.1	1	—	—	—	—	—	—
29 Govan Road, S.W.1	1	1	1	—	—	—	—

Other treatment facilities provided were as before.

THE DEVELOPMENT OF THE SCHOOL E.N.T. SERVICES IN SOUTH GLASGOW.

Mr. Iain C. Simpson, E.N.T. Consultant, has supplied the following historical note on the problems of dealing with E.N.T. patients South of the river.

“ A long-term scheme of re-organisation was first suggested in 1949-50 in an effort to deal with the problem of the School E.N.T. Services in South Glasgow—fundamentally this consisted of the introduction of a strict area organisation and a gradual integration of the School and Hospital Services *within* that area. One Consultant was to have full charge of the School E.N.T. Service in the City, South of the river, with his own ‘ School ’ beds at Mearns Kirk and full responsibility at all stages of treatment, thus providing continuity of individual supervision. The Specialist Clinic at Florence Street was to become—

and is in fact to-day—one of the recognised and routine Out-patient units of the Victoria Infirmary; the school child having exactly the same standing within the Department as his hospital counterpart.

The original problem was immense—not only was there a vast waiting list of T. & A. cases and a serious ‘bottle-neck’ at the Specialist Clinics, preventing adequate supervision, but it had been found that a large number of ear cases attending the Dressings Clinics were in need of surgical intervention.

If this new commitment was to be faced seriously a scheme of priorities had to be introduced in the first instance. The ear problem was regarded as the most important and to provide the opportunity for a full assessment of this situation the ‘bottle-neck’ at the Specialist Clinic was partially relieved by accepting T. & A. cases at Mearnskirk on the recommendation of the School Medical Officer, the patients being assessed after their admission to hospital. While by no means an ideal system it “opened up” the Specialist Clinic and left it free for the more urgent needs of ear supervision and investigation of patients referred by the School Medical Officer for specialist opinion.

The T. & A. bed turn-over at Mearnskirk was set at a level higher than required for the average weekly additions to the waiting list, but at which hospital work was not prejudiced, thus ensuring that the position would not simply remain static.

The problem of the chronic ear was then tackled—a problem which has taken some ten years to surmount!

All cases attending the Dressings Clinics were gradually channelled through the Specialist Clinic for assessment and those considered to be in need of surgery were placed on the special ear list for admission to Mearnskirk or the Victoria. An enormous amount of aural surgery was carried out at this time and indeed it is only within the last few years that the ear and general T. & A. situation could be described as under reasonable control. Throughout the years constant changes of emphasis in bed allocation have been required to balance hospital and school clinic commitments.

Since 1958 when tympanoplasty became a routine procedure—suitable cases were admitted direct to the Victoria and 20 to 25 such operations are carried out yearly on school cases. Drainage surgery, closer supervision of the “safe ears” and tympanoplasty have all

played their part in the steady decline in the numbers of active ear cases attending the School Dressings Clinics in South Glasgow.

No E.N.T. Clinic is complete without access to a Chest Physician and an approach to the Florence Street Chest Clinic was met with immediate response. For many years Dr. Ritchie and his staff have helped, not only with infective chest problems, but also provided facilities for skin sensitivity tests and supervision of desensitisation courses in cases of Allergic Rhinitis.

In the early years difficulties and delays were experienced with X-rays requested at the Specialist Clinic but with the co-operation of the Radiology Department at the Victoria a service was provided with facilities for standard Sinus and Mastoid work at Florence Street.

A close working relationship has always existed between the general E.N.T. and Audiometric Clinics and two years ago an appeal was made for help with those Audiometric waiting list patients in other areas where long delays existed. It was felt that this additional commitment could be absorbed without detriment to the South Side children or to hospital patients and responsibility for this list was accepted. The waiting time has now been reduced to some four weeks.

A course in general diseases of the ear, nose and throat was organised at the Victoria last winter for the School Medical Officers and was well and faithfully attended by the staff. It is felt that further lectures might be arranged in the future on particular subjects allowing more time for teaching and discussion.

Last year the service was extended to provide E.N.T. cover for the Balvicar Centre for Handicapped Children and those requiring In-patient treatment are dealt with in Mearns Kirk Hospital.

THE PRESENT POSITION IN SOUTH GLASGOW.

The School E.N.T. Service is under the care of one Consultant with charge of school Ear beds at Mearns Kirk Hospital and Victoria Infirmary. There is complete continuity of supervision throughout treatment. All members of the Victoria E.N.T. Department take their share in the general T. & A. work and there is no waiting list. Straightforward T. & A. cases are still accepted on the School Medical Officer's recommendation for final assessment in hospital before operation, but it is hoped that, in the future, cover can be provided at the general T. & A. Clinics—a specialist working together with the School Medical Officer.

All ear cases are dealt with solely by the "schools" Consultant both as Out-patients and during their hospital treatment.

The Florence Street Special Clinic still deals with all ear cases and any general case referred by the school staff or Audiometric Service. There is no waiting time for consultations—a new patient is simply given an appointment for the next clinic. Any urgent case attending during the week is referred directly to the Consultant concerned at the Victoria.

The "Chronic Ear" has full priority and there is no waiting list for admission. Those selected for tympanoplasty are placed directly on the Victoria Special Ear list—it is only in this field that a real delay exists, due to numbers and limited operating time.

A number of cases arise in which the help of Plastic Surgery is required and these children are admitted to Philipshill Hospital under the combined care of the two Departments.

As an Out-patient unit of the Victoria, the school E.N.T. work in South Glasgow has been completely integrated with the Hospital Service from the clinical point of view and a balance is maintained as far as possible to cover all commitments equally.

The organisation has been slowly developed over the years with constant changes of emphasis and alterations in detail and, throughout, there has been complete co-operation between the School Service and the hospital. The day-to-day running of any such scheme, however, depends ultimately on the collaboration between the Hospital Ward and the clinic "floor" and such success as has been attained is in no small part due to the extra work undertaken and the constant support given by the School Clinic Sisters and, in particular, the staff at Florence Street."

PARTIALLY-SIGHTED CHILDREN.

In the following article, Dr. William Wilson, Consultant Ophthalmologist, analyses briefly the causes of partial-sightedness among children.

"There has been no dramatic change in the work of the School for Partially-Sighted Children (Kelvin School) during the past year. The number on the roll is sixty-two and for some years now the total has settled in this region, confirming that the disease pattern has shown

little change. An analysis of the principal causes of partial-sightedness among those children is interesting and rewarding.

	Pupils
Congenital cataract	17
Albinism	11
Optic atrophy	11
Myopia	9
Retrolental fibroplasia	5
Retinal degeneration	3
Glaucoma	2
Aniridia	1
Batten-Mayou disease	1
Retinitis pigmentosa	1
Ophthalmia neonatorum	1

This analysis highlights the fact that few children are regarded as being partially-sighted because of myopia, yet pre-war, this was by far the commonest cause. This change is not due to an alteration in the incidence of short-sightedness, but to a change in the attitude of ophthalmologists towards the condition supported by long-term study and statistics. It is comforting to note that retrolental fibroplasia, which is caused by the excessive use of incubators and oxygen in high concentration to resuscitate newborn babies, is slowly moving down the list as the affected children leave school and no new cases are reported. Infection, with the exception of intra-uterine infection, has almost ceased to be a factor due to the use of chemotherapeutic drugs and antibiotics.

The least comforting fact is that perhaps as many as fifty-six of the sixty-two children attending are here because of some inherited defect. It would appear that preventive medicine and surgery have almost had their maximum effect and that further dramatic improvement can only come from a study of genetics and, more difficult, the application of the knowledge obtained."

KEYSTONE SCHOOL VISION SCREENER.

This apparatus was used in a selected number of schools to test the vision of the children (all ages) who were in attendance. The systematic surveying of a number of schools commenced in March, 1965.

By the end of December, 1965 the numbers dealt with and the results were as shown :

	Boys	Girls	Totals
Number tested	3,242	3,024	6,266
Number passed test	2,678	2,515	5,193
Number referred for refraction	564 (17.4%)	509 (16.8%)	1,073 (17.1%)
Number with colour vision abnormality	71 (2.2%)	24 (0.8%)	95 (1.5%)

The number of schools visited were : Approved schools, 2 ; ordinary primary, 9 ; ordinary secondary, 4 ; special schools, 4.

DERMATOLOGICAL PROBLEMS SEEN AT A SCHOOL CLINIC.

Dr. J. F. Ferguson Smith, Consultant Dermatologist, makes some interesting comments and suggestions on various aspects of the work in the following note.

" In the short time since my appointment, on 1st June, 1965, as Consultant Dermatologist to the School Health Service, it is felt that personal comment on a retrospective survey (for the year ended 31st December, 1965) would be superfluous. With the statistical pattern of skin diseases in children having altered in the past two decades a prospective survey would appear to offer greater value in future management and prognostication. This appears to me especially necessary at the school leaving age, when too many young people advance into the fields of industry and commerce dermatologically ill-advised or unadvised as to fitness for their potential working environment. It is, therefore, my intention to examine this situation, so that judicious advice can be offered to school leavers, thus avoiding or minimising such juvenile tragedies, which can and do lead to a wasted career and often to delinquency.

One still sees too frequently lack of hygiene as a contributory factor in skin disease among children ; but of increasing frequency are the domestic and scholastic psychosomatic factors in aetiology.

Some revision of ' standard skin preparations ' presently in use in some clinics would appear advantageous, and recommendations will be made with a view to greater therapeutic efficacy and economy.

It was with pleasure that, with the Principal Medical Officer, I had the opportunity of meeting the School Medical Officers for an informal, enjoyable and enlightening discussion. The value of such

concourse is inestimable and inevitably to the benefit of the school children, among whom the treatment of skin diseases rates far in excess of the demands of other specialities and for whom the most effective measures should be dispensed."

NEUROLOGICAL PROBLEMS IN SCHOOL MEDICINE.

Dr. Ivan T. Draper, Consultant Neurologist, has the following observations to make on his work at school clinics :—

"During the current academic year neurological consultations have been held each month at various School Health Service Clinics. This project is to some extent exploratory, both in the material being referred and in the techniques required in the examination of these patients.

The major physical disabilities have, in general, been assessed previously and the children placed in a suitable environment. There are certain routine problems which are common to both adult and paediatric neurology. Of these, the diagnosis and control of epilepsy is perhaps the most common. There are, however, problems which are peculiar to the neurology of infancy and childhood. These include the disorders of the still developing nervous system and, in particular, the imperfect or delayed acquisition of motor skills and speech.

The recognition of minor neurological deficits in the clumsy and the slow or non-speaking child helps to separate the children with specific 'parietal' disorders from the general population of the educationally retarded. In Denmark, in 1951, there were more than 2,500 children with delayed language skills who were receiving special training. If the incidence is the same in Scotland, there are at least 500 children with this specific disability in Glasgow.

There seems to be a need for two projects in this field :—

- (1) A survey of the children at risk to ascertain the size of the problem
- (2) Repeated examination of the affected children over the years,
 - (a) to study the natural history of the specific disabilities and the development of the affected children
 - (b) to assess the effectiveness of the various forms of therapy in current use."

MEDICAL ASPECTS OF MENTAL HANDICAP ASSESSMENT.

Dr. Robina W. Moar, School Medical Officer, has supplied the following note.

"The full range of mental handicap, from children who are unsuitable for education or training in a special school to those who require special educational treatment, is presented to the medical officer for classification.

Gross and obvious handicap, e.g. mongolism is ascertained in early years but the vast majority become apparent when placed in school, where slowness in reaching the various normal stages of development towards independence makes them unable to cope with formal education. They present as: failure to learn, failure to concentrate, difficult behaviour, etc. These are the children referred to the educational psychologist for intelligence testing and then to the doctor for possible classification. As experience is gained in assessment one learns that although the I.Q. is a useful guide many other factors must be considered together with the child's educational attainments.

The dull or backward child may be so because of frequent absences, or frequent changes of school or teachers. Over-ambitious parents may cause anxiety in the child and educational resistance may be the result. Differentiation must be made between the dull and the handicapped child.

It is not easy for any parent to accept the fact that his child is mentally handicapped and hence sympathetic understanding and counsel are important during the interview and examination. The question of cause and blame often arises and it is therefore essential that an extensive medical, social, developmental and educational history be elicited and examination made to exclude or determine possible cause for the retardation. Remedial physical defect, e.g. defective vision or hearing may be contributory factors. In the majority of cases no cause can be determined, many possibly being due to genetic or environmental factors. In some a clear history is available of maternal infection or illness in pregnancy:—birth trauma; Rhesus incompatibility; prematurity; anoxia; or early childhood infection e.g. cerebrospinal fever; head injury, etc.

Neurological deficit may show itself as cerebral palsy, epilepsy, emotional disorders, perceptual disorders, difficulty in reading and writing. Mental handicap rarely exists in isolation, overlap of syndromes being complex and more often the rule.

Placement can be difficult where a child does not quite fit into any one category and compromise has to be made. Glasgow is well equipped compared with other places, having day centres, occupational centres and special schools ; in addition, specialised care is provided in centres outwith the City for special needs."

CHILD GUIDANCE.

The following report is given by Mr. J. Mackenzie, Depute Principal Educational Psychologist.

" In the Session ending June, 1965, the Child Guidance Service had on its active lists a total of 6,352 children, an increase of almost 5 per cent. over the previous year, and a figure almost twice the average annual figure in the period 1955-60, when the staffing situation was actually more favourable than in the past session. Attendances at clinic totalled 39,187 ; individual visits to schools reached the figure of 5,262 and on 2,258 occasions home visits were made. This last figure is almost entirely the result of work done by approximately 17 health visitors, whose part-time allocation for Child Guidance Service is of increasing value each year. A weakness is the frequent withdrawal of this allocation from various areas to meet the need for urgent physical examination, but this problem will doubtless be overcome in time. While the main body of children come to us for personality problems, behaviour disorders or intellectual difficulties, we were also asked to examine 1,628 cases under the general heading "ascertainment"—most of these were for mental handicap and approximately 300 of the total were tests of High School entrants.

From our records of Sources of Referral, about 60 per cent come from schools, 13 per cent. from School Health Service, 12 per cent. from Special Schools Department, 5 per cent. from parents directly, 5 per cent. from Health and Welfare Department and the remaining 5 per cent. from miscellaneous sources ; this is roughly the pattern of previous years.

Mention here should be made of the huge total of clinical attendances recorded annually. As broken down in the Annual Report to the Education Department this represents a considerable measure of acceptance by Glasgow parents and schools of the kind of help offered. On the staff side it represents also a numerical picture of effort involving a great many professional people—the educational psychologist as the 'resident', the visiting school medical officer, the team of speech therapists, the health visitors already mentioned, school welfare officers,

probation officers, and other social workers who may visit from time to time—all in a variety of ways making their unique contribution to this continuing service.

As in earlier reports we note the symptoms of highest incidence among the many maladjusted children dealt with—enuresis and encopresis—847 ; psychosomatic illness—434 ; temper tantrums and unruliness—576 ; shyness, inhibitions and avoidance reactions—506 ; sleeping and feeding difficulties—364 ; aggression, violence and defiance of authority—577 ; theft—431 ; weepiness and dependence—311.

Where maladjustment is accompanied by failure in one or more of the basic learning skills, the burden on the schools can be enormous and the chance of the psychologists coping adequately with such failures within the clinic becomes minimal. As a beginning towards remedying this, a Child Guidance class was started on a part-time basis at Central Clinic under a remedial teacher working closely with the local psychologist in charge. In time it is hoped to establish such groups in all our clinics—so taking a definite step towards relieving the schools in this sector of our responsibility. The next proposal is to set up a day school for maladjusted children and first steps have been taken to establish this also. Finally we look forward to an early start on the rebuilding of our residential clinic at Nerston for those children who require the kind of treatment that only removal from home can provide.

The successful team work of many disciplines has been the keynote of all Child Guidance work in Glasgow for many years. Staff changes will occur and demands to rethink our approach to the work will come on us in this age of rapid change ; but as each challenge emerges it will be met in the best interests of the community we serve.

As in other years, a fuller and detailed statement and analysis of the Child Guidance Service is offered in the Annual Report submitted to the Director of Education."

THE SCHOOL MEDICAL OFFICER IN CHILD GUIDANCE.

Dr. Stella M. B. Perry has contributed the following note on Child Guidance work from a School Medical Officer's point of view.

"The number of medical officers visiting the child guidance clinics is being augmented each year and this makes it possible to increase the number of sessions and also cut the number of cases seen at a session so that more time can be given to each case and to discussion with the psychologist.

As people settle in new housing estates they meet new problems, due possibly to isolation and lack of community spirit. Children are affected by parents' reaction or they may lack within themselves the means of coping with new situations. So the Child Guidance Service moves further out and is ready to help and advise parents and teachers. It is rewarding to find that in some areas the Child Guidance Service has quickly established liaison with the Welfare Officer, Children's Officer and Probation Officer as only with co-operation with all social services can the more serious problems be solved.

As it becomes increasingly evident that learning and behaviour problems may have their origin in organic lesions related to obstetric or genetic factors, damage caused by early injury, or infection, it is clearly advisable that all cases should be medically examined at an early stage. This should be possible with the increasing number of medical officers and the School Health Service is working to the ideal of the school medical officer being attached to the child guidance clinic in his area where he can make most use of his knowledge of children, their families and social factors."

SPECIAL EDUCATIONAL TREATMENT.

Miss B. S. Watson, Superintendent of Schools for the Handicapped, supplies the following note.

" There is a wide range of provision for all categories of handicapped children in the City.

Children attending special schools are taught the basic school subjects in small groups and by special methods. At the secondary stage curriculum is very practical and designed to meet the needs of young people looking forward to entering employment.

Those who are less able from the educational viewpoint attend occupational centres where emphasis is laid on social training in an effort to achieve as great a measure of independence as possible.

Special educational treatment is provided in Glasgow as follows :—

1. MENTALLY HANDICAPPED CHILDREN

- (a) 18 day schools—2,714 on roll.
- (b) 1 residential school—45 short term places.
- (c) 11 occupational centres—roll 426.

2. PHYSICALLY HANDICAPPED CHILDREN

- (a) 10 day schools for children suffering from general disabilities—roll 226.
- (b) 1 day school for severely handicapped spastic children providing 50 places for children ranging in age from 3 to 16 years.
- (c) A nursery class for 8 children suffering from thalidomide deformities.

3. CHILDREN WITH DEFECTS OF VISION

- (a) *Blind.* Protestant blind children attend the Royal Blind School, Edinburgh, as boarders—there are 25 at present on roll.

Roman Catholic children from the whole of Scotland attend a day/boarding school in Glasgow—there are 11 Glasgow children in a total roll of 28.

- (b) *Partially sighted.* 1 day school provides for 62 children (Protestant and Roman Catholic).

4. CHILDREN WITH DEFECTIVE HEARING

- (a) *Deaf.* 2 schools provide day and boarding accommodation. There are 48 Glasgow children in a total roll of 114.

- (b) *Partially hearing.*

- (i) 1 day and boarding school for Roman Catholic children with 27 Glasgow children in a roll of 47.
- (ii) 1 day school with 39 Protestant children.
- (iii) A speech reading unit which provides help for children who can remain in ordinary school in spite of a degree of hearing loss—there are generally about 100 children under supervision in primary, secondary and special schools throughout the City.

(In addition 2 teachers of the deaf are responsible for the testing and assessment of babies suspected of deafness—they work in co-operation with the Maternity and Child Welfare Section of the Health and Welfare Department).

5. OTHER PROVISION IN GLASGOW

- (a) 2 classes for 16 aphasic (non-speaking) children between 3 and 8 years of age.
- (b) A Scheme of Home Tuition for children unable to attend school because of severe physical disability. There are 28 children on roll.
- (c) Schools are available in 8 hospitals where children are undergoing long term treatment—roll 242.

6. PROVISION MADE BY OTHER BODIES

There are groups of children, often suffering from multiple disabilities, for whom local provision is not made because of the relatively small numbers. The Education Committee has accepted responsibility for the following :—

- (a) Physically handicapped children and those suffering from defects of hearing or vision for whom residential education is required.

2 at Mary Hare Grammar School for the Deaf, Newbury, Berks.

25 at Royal Blind School, Edinburgh.

40 at Biggart Home, Prestwick.

5 at Coltness House, Wishaw.

45 at East Park Homes, Glasgow and Largs.

11 at Carsemeadow School, Epileptic Colony, Bridge of Weir.

4 at Scotsraig School for Spastics, Paisley.

9 at Stanmore House, Lanark. (Spastics who are also mentally handicapped)

2 at Trefoil School, Hermiston.

1 at Castlecraig School, Peebles.

- (b) Mentally handicapped children who present serious problems at home and in school may be sent to hospital for long term treatment. The numbers at present are :—

29 at Royal Scottish National Hospital, Larbert.

2 at Lennox Castle Hospital, Lennoxtown.

19 at Waverley Park Hospital, Kirkintilloch.

1 at Caldwell House Hospital, Uplawmoor.

7 at Birkwood Hospital, Lesmahagow.

19 at St. Charles' Private Hospital, Carstairs.

1 at St. Joseph's Hospital, Rosewell.

AFTER CARE OF HANDICAPPED PUPILS

This is the responsibility of Health and Welfare Department, but under Further Education, evening classes are provided for former pupils of our schools for deaf, partially hearing and mentally handicapped children.

Training for employment is provided for 6 severely physically handicapped young persons at the James Little Training College for the Disabled, Crossbasket House.

Clubs for young people who formerly attended occupational centres are also available."

EXAMINATION OF MENTALLY HANDICAPPED PUPILS.

The number of children specially examined by School Medical Officers during the year regarding mental defects was as follows :—

	Boys	Girls	Totals
First Examinations	423	279	702
Re-examinations	1,027	787	1,814
	<u>1,450</u>	<u>1,066</u>	<u>2,516</u>

HEALTH EDUCATION.

Dr. M. P. Menzies, Assistant Principal Medical Officer, reviews the position in the following note.

" Our special scheme of Health Education begun in 1960 continues in a steadily increasing dimension. In addition to our school health visitors who continue with their enthusiasm and interest to occupy a large place in the scheme, we have been given permission by the Corporation to augment our medical staff by twenty doctors who have been employed on a part-time basis specifically for health education purposes. Many of these are married women doctors who learn quickly from us what is required for this type of discussion group teaching and who bring to it the benefit of their own experience in the needs of children and young people. In this group we have had the benefit of help from several male medical officers, at least one of whom is actively engaged in general practice. Several other general practitioners during the year have sought work from us on a part-time basis but the hours of work were found to be incompatible with their own practice needs. The contribution from the male medical officers is particularly valuable for certain groups of boys.

The scheme has covered forty-three secondary schools, and fourteen primary schools. This is a steady increase. Three schools for mentally handicapped pupils have had classes, and the two approved schools under the management of the Corporation. In our ten Further Education Colleges we have operated health talks in combination with the Student Health Service which we provide, as well as arranging for additional intensive series on specially selected subjects. The students attending

these colleges are training for a very wide field of activities and our programmes have varied from the more straightforward themes of growing up into the adult community to health problems encountered in the tropics for boys who will go to sea, frequent requests for knowledge on the problems of venereal disease, the use of the 'pill', and instructions to girls on housekeeping. It is now becoming a practice for three or four girls to take furnished rooms or a small flat and they want to know about the right kind of food they should provide for themselves, how to budget their money and in general how to make a success of this kind of living.

This year has been noteworthy for the increase in number and depth of content of talks given to adult groups by members of our permanent staff. Talks to Young Mothers' Fellowships, Women's Guilds, Townswomen's Guilds, have taken senior members of staff to scattered areas in other counties. Mothers of senior girls, bewildered by the behaviour of their growing daughters, have sought help by having the senior woman teacher of their schools arrange meetings with senior female medical staff to enable them to discuss their problems and to receive guidance and co-operation. These problems are often a matter of real worry to the mothers, brought home to them by a girl of fifteen years becoming pregnant or by seeing a contraceptive device fall out of a daughter's handbag and being told that 'you cannot expect the boy to pay for them all the time'.

With our own greater sophistication gathered from our years of experience we have been taking a critical look at visual aids. While we do produce many visual aids ourselves, the coloured sound film is of very real value. The few well known American films which we have been able to buy are excellent but we are no longer able to obtain these either by purchase or by hire. Our British films are grossly out of date, long skirts, dated hair styles, even food rationing, do not provide a convincing teaching situation.

If Health Education is going to extend, as it must, both thought and finance must be provided to produce films geared to modern conditions and with the understanding that after three years films cease to be 'modern'.

For the first time we arranged health education classes for five/six-year-olds in one Infant Department and this proved an interesting and well worthwhile experiment. The arrangement was made at the request of the teachers and their co-operation had much to do with the success. With the coming of our Education Television Service it was decided to prepare a programme of ten lessons for five/six-year-old children. A

small committee, composed of our medical staff, locum and permanent, together with our health visitors and representatives from the Infant Mistresses Association, worked on the preparation of these ten lessons, building up teaching content and visual aids. Screen and voice tests have been made, one of our health visitors selected to be 'the teacher', and we are now ready to put our ten lessons 'into the can' for beaming out to Infant Departments next year."

HEALTH EDUCATION IN FURTHER EDUCATION COLLEGES.

Dr. James R. M. Murdoch, School Medical Officer, provides the following note concerning the work of a School Medical Officer in Further Education Colleges.

"This year more time has been allocated to work in the Further Education Colleges. This extra opportunity has been used to advantage in the field of health education.

There is no doubt about the interest shown in how the human body functions, its basic needs, its capacity for repair and its ability to perform complex functions. The subject is an easy one, but the presentation can be difficult. There is the tendency to use terminology which is foreign to the hearer, yet the students appear to absorb with great interest what they are told. Some have a superficial knowledge of things medical gleaned mainly from television and are keen to know more. This knowledge provides a useful starting point for the talks.

Visual aids and films have their place in the health education programme. An attempt is made to prepare the students for the films in the course of the talks. As always there is the desire to know 'the facts of life', and this topic invariably arises at some point in the course. Once introduced, it is difficult to channel their thoughts in other directions.

It is hoped that some of the points raised in the talks and discussion will help the students to realise the reasons for some of the statements we make regarding their health and welfare."

SPECIAL CARDIAC CASES.

Dr. Rogen, the Heart Specialist from Stobhill Hospital, again attended school clinics for the purpose of examining school children specially referred by school medical officers and recommending any necessary treatment.

Dr. Rogen comments on the work as follows.

“ Recently a new Cardiac Department was opened in Stobhill Hospital which has made our duties and commitments much more easily carried out and we are happy to extend this service to the school children referred to me by the school medical officers.

Our range of investigations has increased further and we are now almost self-supporting as far as cardiac investigative work is concerned. My impression is that fewer children with significant organic heart disease are being picked up for the first time at the cardiac clinics and this, I should think, is due to the increased awareness of family doctors of the surgical possibilities in the treatment of congenital heart disease. As a result, children with doubtful or significant abnormalities are being referred for advice at an earlier age, even before starting school, to centres dealing with these problems, for example to the Sick Children’s Hospital. However, the volume of work and the incidence of positive findings is still at a high enough level to make the service most worthwhile.

The acquisition of an electrocardiograph machine available at each of the cardiac clinics has proved of great assistance. Before this was obtained an appointment had to be made for the parent to attend with the child at Stobhill Hospital for the electrocardiogram to be done and then the parent had to be recalled at my next visit to the appropriate clinic to be told the result. Having the tracing done at the time of the original attendance allows the parent to be given as full information as possible at the one visit. As a result two journeys are cut out and perhaps, most important, up to the minute information is given right away. The highly competent Sisters who work with me were each trained in the recording of the tracings during a week’s secondment to Stobhill. I am grateful to them for their co-operation and efficiency.”

ORTHOPAEDIC AND POSTURAL DEFECTS.

Mr. Guest, Orthopaedic Consultant, supplied the following note regarding the work for the year ending 31st December, 1965.

“ The figures for admission and operation at Mearns Kirk Hospital this year show a considerable drop in numbers. This reflects, partly, the fact that many of the children who have been under observation and treatment for disabilities following attacks of poliomyelitis are now leaving school and entering employment and although still under observation do not figure in the school clinic returns. Also minor

procedures such as manipulation of the foot followed by stabilisation have been omitted from the figures.

The School Physiotherapy Service is now at full strength and this means that more attention can be paid to the children after they leave hospital.

A new factor has been the expansion of work at the Balvicar Street Assessment Centre which is visited by the consultant orthopaedic surgeon who assesses the children there who receive physiotherapy when needed. An interesting factor has been the considerable number of cases of spina bifida with paralysis of the legs encountered at this Centre. By careful treatment and training these children can be taught to walk and to control their normal incontinent bladder and bowel. One such boy who has reached school age now attends a normal school.

Work at Kelbourne Spastic School has been continued and the nursery centre there, especially, has been used to capacity for the assessment and early training of children suffering from cerebral palsy. The panel of consultants has continued to hold regular sessions to assess new children for entry to the school, and to assess the progress of children in the school aided by reports from the therapists and teachers.

There were 106 children admitted to Mearns Kirk Hospital on one or more occasions during the year. Of these 18 were admitted for investigation or exercises. Of the others, 88 operations were carried out as detailed below.

Diagnosis of the 106 cases discharged was as follows :—

Foot deformities, 59 (congenital 5, acquired 7, post poliomyelitis 31, spastic 16). Other conditions due to poliomyelitis, 15 ; torticollis, 3 ; muscular dystrophy, 7 ; cerebral palsy, 12 ; knock-knees, 1 ; osteomyelitis, 1 ; rickets, 5 ; miscellaneous, 3.

Operative treatment was given as undernoted :—

Manipulations, including tenotomy of the plantar fascia, 17 ; elongation of tendo achilles, 19 ; tenotomy for torticollis, 3 ; tendon transplants, 10 ; stabilisation of foot, 6 ; correction of toe deformities, 8 ; stapling for shortening, 18 ; stapling for knock-knee 1 ; miscellaneous, 6 ; total operations, 88.

The average stay in hospital was 29 days.

Number on the waiting list on 1.1.66 was 26."

AUDIOMETRIC SURVEY UNIT.

The following report has been prepared by Dr. Margaret Dunn, School Medical Officer.

“ During the past year the Department has pursued its routine work, patterned broadly on the lines of the previous year, always keeping in view the idea that all efforts must be made to detect the child with a hearing loss and to help him minimise the effects of this handicap.

In this age of technology it is not sufficient to supply a deafened child with a hearing aid without ensuring that he is afforded all ancillary help in establishing and promoting language development. Further, he has to be trained educationally and socially in order that he may fit acceptable adult standards. In this context I should like to note the continuing excellent co-operation between the Speech Reading Unit, Audiology Unit, Child Guidance Clinics, Speech Therapists, Head Teachers and Staffs, with this Unit.

Many more cases of children with communication difficulties are coming to the notice of the Unit, and thus the field of activities of the team are extending along certain lines. For example, with the link between the Unit and the Audiology Unit, now in the Balvicar Centre, being well established, the case conference work is developing with respect to children with severe speech problems. In that Centre, such a child can have a full physical and mental assessment by the public health medical officer, with further investigation by the paediatrician, psychologist and neurologist. The audiometric unit team consisting of the otologist, public health medical officer, and health visitor assess the hearing and thereafter a case counselling session takes place to determine the best placing for the child. The advisability of promoting this team approach cannot be too highly stressed, for only by a comprehensive examination can a diagnosis and suitable placing be made.

This aspect of the Assessment Centre and team work was stressed in the written and oral evidence given by me to the Working Party on Children with Hearing Defects at St. Andrew's House, Edinburgh, to which I was honoured to be asked to contribute.

In my view the working cadre of the team in the Assessment Centre, as regards hearing investigation, is the otologist, specially trained public health medical officer, health visitor and audiologist.

From these case counselling sessions a few children have been directed to the 'Aphasia' class where children with dysphasia, aphasia, and other speech difficulties are assembled. In this situation, under the expert guidance of the teaching and speech therapy staff, continuous long-term educational progress records can be made and medical re-evaluation assisted. Placings must be considered as flexible, and where the difficulties are multifactorial, the relative weighting of each handicap must be kept in view. It seems likely that the detailed pre-natal and natal histories of most of these children will yield the clues to the causal factors of their conditions, and wide knowledge of language development and of paediatrics and hearing is required to correctly assess these cases. Pure tone testing in itself does not give all the information about the child's ability to hear and understand speech.

The availability of the services of the consultant neurologist is a valuable asset to the Unit and already some of the children with severe speech disorders in the 'Aphasia' class have had his advice. A neurological report too, will be most helpful in the further investigation of the deaf adolescent showing behaviour problems. This, plus an electro-encephalogram may shed more light in all these cases on diagnosis in depth. In this context the value of the Enhancetron computer would appear to be a further extension in aiding evaluation in these most difficult cases.

An interesting feature this year was a staff refresher course in ear, nose and throat work, given in the Victoria Infirmary by an otological team. The Audiology Unit was honoured in being asked to contribute a paper on Audiometric Surveys which was illustrated by colour slides.

The Consultant Otologist to the Unit participated in a Post Graduate Medical Television project on Ascertainment of Deafness in Young Children, when illustrations were given from classroom scenes in the Glasgow schools for the deaf.

A survey of children in classes for physically and mentally handicapped pupils is nearing completion. Several children have been issued with hearing aids but, to date, it was not felt that the classification of these children should be altered.

It is interesting to note the changing pattern in the intake into the schools for the deaf and partially deaf, both as regards numbers, and causation of deafness. For some years there has been a downward trend in new admissions to these schools and many reasons for this

can be postulated. It may be that certain outside areas now deal with their own cases. Some children are now held in the ordinary school with the support of the speech reading unit ; indeed, there are about 150 children with hearing aids in ordinary schools. Some of the diseases causing deafness have virtually been eliminated, for example, tuberculous meningitis ; gamma globulin is given to a pregnant woman who is a rubella contact at the vulnerable point in pregnancy, and rhesus incompatibilities are dealt with before damage is done.

The whole of this field offers unending scope for investigation and research, not only in speech and hearing but in paediatrics and child neurology.

I would end by thanking every member of the Unit for all their efforts, as only with their co-operation and team spirit, is all the work made possible."

HYGIENIC CONDITIONS OF SCHOOL PREMISES IN GLASGOW.

This short summary of conditions found at general inspection of schools has been contributed by Dr. Norman H. Logan, School Medical Officer.

" Although over 100 school buildings have been erected in Glasgow since 1945, 200 or so older ones are still in use. Some have surprisingly modern features : one, ninety years old now, has a swimming pool and a gymnasium for each sex ; over 50 years ago one local School Board was providing a gymnasium in every school and a cloakroom (with wash-hand basin) attached to every classroom. But, finance has been lacking for modernisation ; their big drawback, by to-day's standard is that so few have acceptable toilet accommodation. The systematic installation—urgently required—of modern, heated toilets, and adequate washing facilities should be undertaken now : probably about a third of these sound, old stone buildings will be used for many years, and the preaching of ' Health Education ' to pupils under the present circumstances remains largely lip-service.

The new, more practical, Primary Curriculum makes the provision of a sink in every classroom even more desirable ; for young children to learn, and maintain, good habits of cleanliness—and to conserve the supply of water, soap and towels—direct supervision is needed. In infant classes, this is essential. The ' captive ' type of continuous roller towel has the least drawbacks in practice.

Many 'temporary' wooden structures, with open verandahs, have now been in use for 30 to 35 years. They have rudimentary washing facilities (generally, no piped hot water), unroofed, unheated, unflushed, outside toilets and tiny cell-like staffrooms. Many children spend half their school life in such unsatisfactory conditions. If a definite, and not-too-distant, date cannot be given for their vacation, better hygienic facilities ought to be provided—the provision of expensive equipment, in some, for other purposes, takes place.

Dining rooms provided by conversion (of one or more classrooms) are generally satisfactory; those in hired, outside accommodation (a small number) are the least so. Several others are housed in adapted hutted accommodation built in 1948, with one-brick thick walls and concrete floors; massive condensation here can cause deterioration of paintwork and a drab depressing interior; in these extractor fans are beneficial. In some schools, the dining room staff have no cloakroom accommodation.

Some gymnasias still have no sprays or adequate changing accommodation. In some new schools, water pools on the shower room floors, due to its inadequate slope, and lack of gutters. In the open-air schools of the 1930's, pupils in P.T. kit have to pass outside to reach the showers or the (unheated) changing rooms. That type of school, however, has the best medical facilities. Both the (large) examination room and the waiting room have outside access and an intercommunicating door (which cannot be said of some new schools). The poorest are single rooms, opening sometimes to verandahs; the unavoidably frequent opening of the door makes it impossible on cold days to keep up the recommended 65°F.; much time is consumed while pupils undress and re-dress; no 'circular' movement is possible with large numbers.

A disused staffroom with toilet attached is often provided. The conversion of one large classroom to a medical suite would be a more satisfactory alternative.

Some accommodation designed for medical use (including one new school's waiting room) has been appropriated exclusively for other purposes.

In some new schools, one almost entirely clear-glass wall in the medical room makes curtains essential for any privacy. Many rooms are too small for eye-testing; some lack direct access to both waiting room and corridor. Playground shelters, often wanting, are surely desirable in this climate. The absence of lockfast cloakrooms is also complained of.

Lacerations due to sharp edges of bricks could be avoided if bricks with rounded angles were used on exposed corners.

Cleanliness is well attended to by janitors and cleaning staff but in some playgrounds open bunkers of coal are still to be found."

NURSERY SCHOOLS.

Dr. Menzies supplies the following note on the work during the Session.

"For some time the nursery schools have experienced the disappointment of having large waiting lists of mothers clamouring to have their children admitted with no means of accommodating this demand.

In nursery school education a child can be admitted any time after the second birthday and then remains until commencing school at five years of age. Accommodation is accordingly very limited. In an endeavour to meet the problem, several of the schools arranged to take children on a half-day basis. Whether this will provide as great a benefit to the child in social and educational development has yet to be evaluated, but it has entailed an alteration to the patterns of medical visitation. Previously afternoon visitation was discouraged because the children slept after their mid-day meal for an hour or two; now visits have been changed and increased so that all the children have the benefit of medical and health visitor supervision.

Apart from minor outbreaks of dysentery the health of the children has remained satisfactory and no major epidemic has been recorded either in the schools in the City or at Southannan Residential School, Fairlie, where groups of children, together with members of staff from the nursery schools, go routinely to the Clyde Coast for holidays. This arrangement is offered to nursery schools on a rota basis and Southannan is filled all the year round.

The value of work done in our nursery schools is greatly appreciated in medical circles. We see so many pre-school children who would benefit both in emotional and physical health from nursery school training, but the size of the waiting list constitutes the great drawback. The little girl who was reported last year having been blind following tubercular meningitis made a complete recovery of visual acuity and as a result of nursery school disciplines was able to enrol in ordinary school.

Special nursery classes continue for spastic children, for the deaf and partially hearing child and for the aphasic.

In these classes special educational and medical assistance are provided : for the spastic, hydrotherapy and physiotherapy ; for those with hearing loss, training with hearing aids and teacher trainers to produce speech ; for the aphasic, the daily attendance of a speech therapist.

This year we took steps to follow up the thalidomide children in our midst and a nursery class was set up for them. As are all the other children in these special grades, they are brought to school by the school bus. Where necessary, physiotherapy is provided. A visit to this class is one of the most stimulating experiences. The children quickly learned to work and play together and they are a happy, busy group. We hoped in initiating this class that we would help these children whose experience so far had varied from hospital to the shelter of their homes to learn how to live normally in the community and we have been encouraged so far by the success being met with."

During the year ended 31st December, 1965, children in the nursery schools to the number of 1,748 (876 boys and 872 girls) were subjected to " routine " inspection. The results are detailed below.

ROUTINE INSPECTION—NURSERY SCHOOL CHILDREN.

NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS
(SEE TABLE 1A APPENDIX FOR FULL DETAILS OF HEADINGS).

Nature of defects found	Boys	Girls	Totals
Uncleanliness of head (nits)	—	11	11 (0.6%)
Skin conditions of head or body	27	21	48 (2.7%)
Defective nutrition	7	7	14 (0.8%)
Mouth and teeth unhealthy	5	2	7 (0.4%)
Naso-pharyngeal conditions	118	91	209 (12.0%)
Eye diseases (including strabismus)	26	23	49 (2.8%)
Defective vision (for refraction)	2	—	2 (0.1%)
Ear disease (including defective hearing)	3	3	6 (0.3%)
Defective speech	21	6	27 (1.5%)
Mental and nervous conditions	10	6	16 (0.9%)
Defects of circulatory system	27	31	58 (3.3%)
Pulmonary conditions	43	46	89 (5.1%)
Deformities	55	23	78 (4.5%)
Other diseases or defects	16	20	36 (2.1%)

CLASSIFICATION OF NURSERY SCHOOL CHILDREN ACCORDING TO
REMEDIABILITY OF MAJOR DEFECTS FOUND IN THE INDIVIDUAL CHILD
(SEE TABLE II FOR FULL DETAILS OF HEADINGS).

Classification	Boys	Girls	Totals	
Free from defects	555	616	1,171	67.0%
Defects of vision or oral sepsis	14	7	21	(1.2%)
Temporary ailments	168	150	318	(18.2%)
"Curable" defects	100	80	180	(10.3%)
"Improvable" defects	38	17	55	(3.1%)
Defects "not improvable"	1	2	3	(0.2%)
Totals	876	872	1,748	(100.0%)

ADDITIONAL INFORMATION—NURSERY SCHOOL CHILDREN.

Parents were notified of defects found in 196 instances, 36 (2.1 per cent.) of these being due to clothing, cleanliness, or minor dental defects, 160 (9.1 per cent.) being in respect of other defects. School Medical Officers also noted 41 cases (2.3 per cent.) for re-inspection as a result of defects observed in clothing or cleanliness, or for minor dental defects, and 320 children (23.0 per cent.) having other defects. "Sound teeth" was recorded in 1,323 cases (75.7 per cent.), 1,316 pupils (75.3 per cent.) were recorded as having had complete diphtheria immunisation and 1,053 (60.2 per cent.) as having been successfully vaccinated or re-vaccinated against smallpox.

HEALTH VISITING AND NURSING SERVICE.

Miss J. S. Ferguson, Superintendent Health Visitor for Schools summarises the work for the year as follows.

"At the end of 1965 the number of health visitors was fifty-one and the number of nurses without health visitor's certificate was thirty-one.

Health visitors made 14,326 domiciliary visits; 6,223 school visits for routine medical inspection; 572 visits to nursery schools and

occupational centres ; 9,980 attendances at clinics ; 332 attendances at Child Guidance Clinics ; 785 attendances at schools for health teaching.

Nurses gave 6,775 attendances at treatment clinics ; 2,297 attendances at handicapped schools ; 2,917 attendances at schools for cleanliness inspection ; 703 attendances at schools for poliomyelitis vaccination ; 120 attendances at schools for Keystone Vision Testing.

Seventeen health visitors continued domiciliary visiting for the Child Guidance Clinics, to gain information and ascertain conditions in the home as they affect the child. A number of these visits are made in the evening to interview working mothers or both parents.

All burns and scalds accidents to school children who attend hospital, are visited and information gained and advice given regarding safety precautions (analysis on page 154).

School children who are absent from school for long periods and given home tuition are visited at regular intervals and supportive help given on request.

All schools for handicapped children, which do not have full-time nurse, are visited weekly by a health visitor, and homes of children giving concern to teacher, visited on request.

NATIONAL CHILD DEVELOPMENT SURVEY.

Two hundred and seventy-two children of 7 years of age were visited to gain factual information for this survey. 103 young people aged 17 years were visited in the evening as this was the number left from the original National Survey begun twelve years ago.

HEALTH EDUCATION.

Twenty health visitors took part in the programme of health teaching within the school curriculum.

EXTRA MURAL ACTIVITIES.

Five hundred and fifty girls were given instruction in Child Care for the Bronze, Silver and Gold Medal Awards in the Duke of Edinburgh Award Scheme.

Talks on varying themes are given to Women's Guilds, Girls' Guildry, and other organisations on request."

ACCIDENTS TO SCHOOL CHILDREN.

SURVEY OF BURNS AND SCALDING ACCIDENTS, 1st JANUARY—31st DECEMBER, 1965, AS CONDUCTED BY HEALTH VISITORS OF THE SCHOOL HEALTH SERVICE.

TABLE 1.
NUMBER OF ACCIDENTS.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
<i>Burns—</i>				
Outdoor	38	7	23	3
Indoor	30	21	10	11
<i>Scalds—</i>				
Outdoor	—	2	6	1
Indoor	47	39	28	36

TABLE 2.
COMMON TYPE OF BURNING ACCIDENTS.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Fireworks and bonfires	25	7	15	3
Fires (open or electric)	13	15	2	4
Laboratory accident at school	5	—	3	—
Clothing catching fire	2	—	—	—
Faulty plugs or appliances	5	1	3	1
Cookers	7	1	3	3
Electric iron	3	—	—	—
Matches or paper	8	2	—	—
House on fire	—	—	—	1
Others (c.g., hot ashes, hair lacquer, petrol)	—	2	7	2

TABLE 3.
RESIDUAL DISABILITIES.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Burns from live electric wire in empty house	1	—	—	—
Burns from live flex attached to electric plug	1	—	—	—
Loss of index finger—electric fire	—	—	—	1

TABLE 4.

<i>Deaths—</i>	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
Burns from gas oven	—	1	—	—

TABLE 5.
BY SOCIAL CLASS.

<i>Burns—</i>	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
No father	6	2	2	—
Professional	—	—	—	—
Clerical	2	—	5	2
Skilled	25	13	11	6
Semi-skilled	14	—	4	4
Labourer	21	13	11	2
<i>Scalds—</i>				
No father	1	2	2	8
Professional	—	1	—	—
Clerical	4	1	3	3
Skilled	21	15	12	12
Semi-skilled	9	7	15	7
Labourer	12	15	2	7

TABLE 6.

ACCIDENT PRONENESS.

Children who have had previous accidents within last 2 years.

5-10 years		10-15 years	
Boys	Girls	Boys	Girls
20	7	11	5

TABLE 7.

PERIOD OF YEAR ACCIDENT OCCURRED.

	5-10 years		10-15 years	
	Boys	Girls	Boys	Girls
January	7	6	7	4
February	12	7	2	3
March	10	4	3	4
April	9	9	7	12
May	7	2	4	4
June	8	5	2	3
July	7	4	7	3
August	7	7	6	5
September	5	4	11	4
October	17	6	12	3
November	18	12	5	1
December	8	3	1	5

TABLE 8.
HOUSING OF PARENT OR GUARDIAN.
(HOME ACCIDENTS ONLY).

	Rooms	5-10 years		10-15 years	
		Boys	Girls	Boys	Girls
1	...	3	5	2	1
2	...	20	21	3	2
3	...	25	12	20	16
4	...	22	19	12	21
5+	...	7	3	1	7
Unable to locate	...	8	7	7	5
No information available	...	5	3	2	1

SPEECH THERAPY.

The following report has been supplied by Miss D. McKirdy, Senior Speech Therapist.

“Despite shortage of staff during the past year, speech therapy was started in the School for the Deaf, Parkhouse and St. Vincent’s initially on an experimental basis. Owing to further reduction of staff, Parkhouse and St. Vincent’s had to be dropped from the time-table. Weekly visits continued at the School for the Deaf where individual treatment was given to children in the first class with very close contact and co-operation with the class teacher.

After some trial and error it was decided to give group therapy to classes II, III and IV with the class teacher observing and carrying out similar daily treatment till the therapist’s next weekly visit.

A second speech audiometer was supplied to Florence Street Clinic and this is in general use by all speech therapists who use it as and when the need arises with partially deaf and delayed speech cases.

Weekly visits to the Child Development Centre in Balvicar Street started this year. Selected children are on weekly therapy and some time has also been spent in assessing other children as to their suitability for speech therapy. In other cases, parents have been advised on how to help their children with speech problems and progress is checked at intervals ranging from six weeks to three months.”

The work of the speech therapists during the year is summarised as follows :—

	Advice only	Cases treated	No. of treatments	Home visits	School visits
Children attending—					
Schools for Physically Handicapped	—	71	1,206	35	All seen in school
Schools for Mentally Handicapped	—	301	4,310	99	All seen in school
Spastic School	—	21	1,101	—	All seen in school
Ordinary School	269	1,361	18,332	122	327
Pre-School	141	179	2,210	22	—
Aphasic Unit	—	20	2,525	23	—

IMMUNISATION CAMPAIGNS IN SCHOOLS.

DIPHTHERIA AND TETANUS

In the early part of the year (January to March) the usual campaign in schools to protect children against diphtheria and tetanus was again organised and carried out. Two injections of the combined diphtheria and tetanus toxoid were given primarily to children aged five and six, and two doses of tetanus toxoid alone to children from nine to eleven years. Booster doses were also administered where appropriate.

Injections given by School Medical Officers were :—

Diphtheria and Tetanus			Tetanus only			Total
First	Second	Re-inforcing	First	Second	Re-inforcing	Doses
7,868	7,174	9,114	12,157	11,495	17,582	65,390

POLIOMYELITIS.

A "drive" to protect children of five and six years of age against poliomyelitis was conducted in schools from 28th September to 17th December. Three doses of oral vaccine were given with an interval of four weeks between each. A fourth dose was given to primary children who had received three doses in the previous year's campaign.

Oral doses administered by school nurses were :—

First	Second	Third	Re-inforcing	Total Doses
3,477	2,997	2,587	16,148	25,209

PREVENTION OF TUBERCULOSIS.

B.C.G. VACCINATION.

The annual campaign in schools was conducted in November and December, 1965, and the results are given in the section on Tuberculosis.

MASS RADIOGRAPHY.

The School Health Service continued to arrange with the Mass Radiography Centre, Elmbank Street, for the X-raying of pupils attending Glasgow schools.

Dr. T. J. R. Miller, Medical Director of the Mass Radiography Service, has submitted the following report.

“ During the year, 853 boys and 787 girls, a total of 1,640 pupils found to be positive as a result of the Mantoux survey, were X-rayed for the first time. 1,105 boys and 995 girls, a total of 2,110 children, Mantoux positive a year previously, were re-X-rayed.

Compared with 1964, active pulmonary tuberculosis was less frequent in children X-rayed for the first time and no cases were found in those children attending for re-examination.

Of the 1,640 children X-rayed for the first time, 1 boy (1.1 per thousand) and 2 girls (2.4 per thousand), a total of 3 children (1.8 per thousand) had active lesions. No active cases were found in the 2,100 children re-examined.

Five (3 per thousand) of the primary examination group and 6 (2.8 per thousand) of the re-examination group had inactive pulmonary tuberculosis.

Five previously diagnosed cases of pulmonary tuberculosis were examined in each group, an incidence of 3 and 2.3 per thousand in the primary and re-examined groups respectively.

It may be that these figures are not strictly comparable with previous years as I understand about 450 children with highly positive Mantoux reactions were referred direct to the area Chest Clinics for prophylactic chemotherapy.

I am not in a position to know whether any of this group were found to have lung lesions.

In the course of the visits to the various schools, 237 boys and 188 girls, a total of 425 pupils who had had no Mantoux tests were X-rayed. Of these 1 boy and 4 girls had evidence of healed primary tuberculosis and 2 boys and 1 girl had known tuberculous conditions.”

SURVEY OF FURTHER EDUCATION COLLEGES.

In October/November, 1965, the Mass Radiography Service, Elmbank Street, X-rayed 4,209 students (3,128 males and 1,081 females) attending five Colleges for Further Education. Forty (33 males and 7 females) were recalled for large film. Staff to the number of 135 (74 males and 61 females) were also examined, 3 males and 3 females being recalled for large film. The results were as follows :—

	Students	Staff
Active pulmonary tuberculosis	2	—
? Active pulmonary tuberculosis	1	—
? Inactive pulmonary tuberculosis	1	—
Inactive pulmonary tuberculosis	2	—
Known pulmonary tuberculosis	2	2
Pulmonary fibrosis	1	—
Pleural thickening	1	—
? Bronchiectasis	1	—
Cardiac enlargement	1	1
	<u>12</u>	<u>3</u>

The recorded incidence of pulmonary tuberculosis (1.9 per thousand) among the students was satisfactorily low and was consistent with present day findings in comparable groups examined elsewhere.

SURVEY OF OCCUPATIONAL TRAINING CENTRES.

On 25th and 26th February, 1965, the Mass Radiography Service, Elmbank Street, X-rayed trainees and staffs of Killearn Street and South Portland Street Occupational Training Centres. Altogether, 136 trainees (90 males and 46 females) and 17 (7 males and 10 females) members of staff were X-rayed, 3 being recalled for large film.

The results were :—

	Trainees	Staff
Inactive pulmonary tuberculosis (known)	—	1
Bronchial thickening	1	—
Acquired heart condition	1	—
	<u>2</u>	<u>1</u>

TEACHERS SICK PAY REGULATIONS.

During the year ended 31st December, 1965, teachers to the number of 2,284 (1,242 males and 1,042 females) were X-rayed. The space between examinations is now two years in place of the former one year.

The numbers recalled for large film and those X-rayed and reported on by chest physicians were 66 men and 58 women, the diagnoses being as shown :—

	Males	Females
Active pulmonary tuberculosis	2	1
Inactive pulmonary tuberculosis (including calcified or fibrotic conditions)	19*	20
Inactive pulmonary tuberculosis (pleural thickening)	2*	1
No apparent defect	37	30
Old thoracoplasty—remaining lung clear	1	3
Bone defects	2*	—
Chronic bronchitis and emphysema	4*	2
Bronchial carcinoma	1	—
Healed simple inflammatory	—	1
	<hr/> 68* <hr/>	<hr/> 58 <hr/>

* 2 appeared in two categories.

One hundred and sixty-seven Reports on cases being kept under observation were also received from chest physicians—80 for male teachers, 83 for female teachers, 1 on a nursery assistant, and 3 on an occupational centre assistant.

RESIDENTIAL SCHOOLS.

The Centres outwith the City are listed below along with the accommodation available for pupils. Periods of residence varied according to the needs of the individual child and averaged four weeks for the normal child, four to eight weeks for convalescents and two weeks for nursery children.

(i) NORMAL

Achnamara, Lochgilphead ...	48 Protestant boys and girls (Secondary, 1st year).
Dalguise, near Dunkeld ...	48 Roman Catholic boys and girls (Primary V, VI and VII).
Galloway, Wigtown	112 Protestant boys and girls (Primary V, VI and VII).

(ii) CONVALESCENT

Agnes Patrick/Stevenson, Ascog	58 Roman Catholic boys and girls (8-15 years).
Caol Ruadh, Colintrave ...	36 Protestant boys (8-15 years).
Castle Toward, by Dunoon ...	100 Protestant boys and girls (8-15 years).
Craig, Kilmarnock	56 Roman Catholic boys (5-12 years).
Hillfoot, Bearsden	45 Protestant mentally handicapped children (8-14 years).
Lumsden, Maybole	29 Roman Catholic girls (5-12 years).
Scafield, Ardrossan	68 Protestant boys (5-12 years).
South Park, Ascog	28 Protestant girls (5-15 years).
Fornethy, near Alyth	74 Protestant girls (5-12 years).

(iii) NURSERY

Southannan, Fairlie	36 Protestant and Roman Catholic boys and girls (2-5 years).
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(iv) HOMECRAFT

Nerston, near East Kilbride ...	20 Protestant and Roman Catholic girls (14-15 years).
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ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN.

These arrangements are under the administration of the School Welfare Section of the Education Department.

(a) ADMINISTRATION AND NATURE OF MEALS.

On 31st December, 1965, there were 118 kitchens preparing meals for school children. In addition, one kitchen supplied Kosher meals to Jewish children. On an average day in October, 1965 (Friday, 29th October), the total number of dinners served was 80,616 of which 21,277 were supplied free.

Dinners only were supplied to pupils of ordinary schools and schools for handicapped children. In nursery schools dinners and teas were served, while a Health and Welfare Day Nursery received breakfasts, dinners and teas.

Choice of menu has been extended and is at present operating at 12 schools. The service is cafeteria type and the pupils have a choice of two or three main dishes, two vegetables and two or three sweets. This has proved successful both in primary and secondary schools and it is hoped to extend it to other schools. The success of this service depends to a large extent on the co-operation of the Head Teacher and his staff as good discipline in the dining-room is essential.

The meals were served in 405 dining-rooms, 372 of which were on school premises, the remainder being in church and other halls.

(b) NUMBER AND COST OF MEALS.

The number of dinners prepared in kitchens during the year ended 31st December, 1965, was 17,800,618.

Weekly tickets were purchased by pupils requiring dinners in schools at the following prices :—

For 5 meals per week—4s. 9d. for the first child of a family, 4s. 4d. for the second and 3s. 11d. for the third and subsequent children ; equivalent prices for 6 dinners were 5s. 7d., 5s. 2d., and 4s. 9d. Remission rates of 3s. 11d., 3s., 2s., or 1s. (based on family income) were charged for a ticket valid for 6 dinners per week, the price being the same for each member of the family.

In schools for handicapped children the prices were 1s. 10d. and 2s. 1d. for 5 and 6 dinners respectively, or at remission for 6 dinners of 2s. and 1s.

On Saturdays and holidays, meals were supplied to children entitled to free meals and to children who held tickets purchased at partial remission rates. In addition to this, during holidays only, meals were supplied to children holding purchased tickets at normal prices and whose parents were unable to make suitable arrangements to provide a midday meal.

(c) SPECIAL DIETS.

The following table shows the numbers of children provided with special diets on the authority of the School Health Service.

Type of Diet	Primary Schools		Secondary Schools		Special Schools and Occupational Centres	
	Boys	Girls	Boys	Girls	Boys	Girls
Coeliac	12	14	—	1	5	3
Weight reducing	1	9	1	4	3	3
Non-greasy	—	—	—	1	—	—
Diabetic	5	5	5	8	1	2
Lawrence line	2	1	—	—	—	—
Phenylketonuria	—	—	—	—	2	1
Free from eggs, cheese and sugar	—	1	—	—	—	—
Free from fish and eggs	—	—	—	1	—	—
Free from fish, egg and banana	—	—	1	—	—	—
Free from milk puddings	—	2	—	—	—	—
Fat free	—	—	—	—	1	1
Low fat—high protein	—	1	—	—	—	—
Starch free	—	—	—	—	1	—
No egg or tomato	—	—	—	—	1	—
Totals	20 33		7 15		14 10	
	53		22		24	

(d) FOOTWEAR AND CLOTHING.

During the year 1st January to 31st December, 1965, 2,858 children were provided with footwear and clothing as compared with 2,287 during the previous twelve months. The undertaking given by the National Assistance Board to accept responsibility for the clothing needs of children of their dependents continued satisfactorily.

(e) MILK SUPPLIED TO SCHOOL CHILDREN.

All milk supplied to schools under the Milk in Schools Scheme was Tuberculin Tested (Pasteurised).

The total number of milk rations during the year ended 31st December, 1965, was 37,020,930. The most recent census figures showed that 95.30 per cent. of the children present in school on a particular day in January, 1965, were taking school milk compared with 96.19 per cent. in May, 1964, and 96.53 per cent. in September, 1963.

Food inspectors of the Department took 149 samples of milk for examination and of that number, 6 failed to pass the coliform test. The average composition of samples was satisfactory at 3.66 per cent. milk fat and 8.99 per cent. non-fatty solids. Of 42 samples supplied for biological examination as to the presence of tubercle, all were found to be negative.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

Mr. W. Tinto, Superintendent of Physical Training, supplies the following note.

“ With the expansion of the scope of Physical Education along the lines of the Robbins and Newsom reports, pupils are now finding new attraction and stimulation in the appeal of outdoor activities. One of the main functions of the Physical Education Department during the next few years will be to ensure that as many teachers as possible have the knowledge to take charge of such activities in school and to create or to increase the facilities and accommodation and apparatus required for such activities especially in view of the increased demand which will come with the raising of the school leaving age. With this end in view several courses were introduced during 1965, the first of their kind in Glasgow. Teachers of all types were invited to take part in a course of introduction to Rock Climbing in the gymnasium of Langside College where special equipment had been installed for that purpose and a fair number attended a twenty-hour course spread over ten weeks. A second course introduced about 80 teachers to Dinghy Sailing in Hogganfield Loch during the Easter vacation and on Saturdays during the summer term.

With regard to the extension of facilities, the four new games halls are constantly in use and tennis clubs in particular have derived considerable value from this type of extensive outdoor accommodation. The games halls have also been the centres of indoor athletics training courses during the winter and they have been used for lecture demonstration purposes to audiences of more than 500. The need for such centres will increase and the Education Committee have plans in preparation. But while plans for man-made constructions are possible,

there is a limit to the natural resources in the City unless the Bishop Loch could be rendered suitable for sailing. Preparation for skiing also could be facilitated if an artificial ski slope could be constructed in one of the City parks.

With the raising of the school leaving age in 1970 and the increased leisure time of this age of automation, more such facilities will be required, and serious thought will need to be given to the problems of creation of sufficient personnel to instruct young people in the elementary technique of these activities which may be their engrossing interest after leaving school and to the other problem of integrating these activities in the normal school curriculum.

In the primary school, the success of the swimming courses and the enthusiasm shown by teachers and pupils who are sharing in that excellent health giving activity have justified the experiment of introducing swimming to the primary schools through the medium of their own teachers. The success of this activity and of the netball courses, hockey and athletics, are ample evidence of the fact that there are few activities in the secondary school which cannot be initiated successfully in the primary where the expulsive power of these new interests merges with the youthful energy to give excellent promise of later development."

DENTAL INSPECTION AND TREATMENT.

Mr. M. L. H. Davies, Chief Dental Officer, supplies the following summarised comments on the work during the year.

PRODUCTIVITY.

The true assessment of dental productivity in a salaried service is shown by the work done per treatment session, this allows for such things as absence through illness and variations in the number of staff.

Fillings per treatment session show an increase of over five per cent. on last year's figures. The ratio of fillings to extractions also showed an improvement.

STAFFING.

The general feeling of uncertainty among many general dental practitioners has helped to ensure that, despite changes, our staff has been maintained nearly up to establishment during the year.

ADVANCED CONSERVATIVE WORK.

The large increase in the number of crowns and gold inlays indicates that a policy of encouraging this very necessary aspect of our service is producing results. These crowns and inlays have been used to preserve front teeth which would have otherwise been lost.

EMERGENCY CASES.

In accordance with a new instruction, issued by the Scottish Home and Health Department, from August "emergency cases" are now only those attending for relief of pain. According to previous instructions this category included all children who attended from other than a routine dental inspection. The figures given therefore are based partly on one definition and partly on the other.

ORTHODONTICS.

During the year orthodontic work has been undertaken in Stuart Laidlaw Clinic in addition to the regular sessions done at Sandy Road Clinic and the full-time orthodontic clinic at Glenbarr Street Clinic.

DENTAL HEALTH EDUCATION

As a follow-up to our major 1964 Campaign, a modified dental health month was held in March, 1965. During this period talks were given by our four dental auxiliaries to all 5, 12, 13 and 14-year-olds, a total of about 75,000 children.

The "Happy Smile" Club was run for the new intakes of 5-year-old children, with badges for those who successfully completed tooth-cleaning record cards. 23,000 children were involved in the Club.

For the remaining age-groups who were fully covered in 1964, 50 large display stands were circulated round all primary schools, remaining four days in each school. These stands held dental health posters and also carried a competition the theme of which was "Whose smile is this"; the children were asked to identify eight photo reproductions of "pop" stars' smiles and to write a suitable slogan. The competition attracted 30,000 entries and the 21 best were rewarded with transistor radios or watches.

A small exhibition was held in a City store. This lasted for two weeks and displayed dental health material and illustrated the various aspects of our School Dental Service with photographic enlargement and samples of our work. A three-minute-long film was made specially in one of our clinics and was shown continuously on a back projection unit.

Three thousand posters were displayed on public transport vehicles, posters were also displayed on hoardings and by Nationalised Industries, Government Departments, commercial and industrial organisations and hospitals. To gain additional publicity a visit to a school by Apple Annie, a visiting national Apple Queen was arranged.

It has been found that after these campaigns the children know all the rules of dental health and that they do, in fact, show an over-all improvement in oral hygiene and eating habits. But in order to establish the permanent change in daily routine, which is necessary to produce a significant reduction in dental caries, repeated encouragement and persuasion will be required both of the child and also of the parent who is guilty of causing the gross caries which results from providing food in bed at night, a mid-morning playtime snack or money for the school tuck-shop.

VARIOUS ACTIVITIES.

COURSES FOR MEDICAL STAFF.

One member of the full-time staff completed the Public Health Course and received the Diploma of Public Health.

During the year four medical officers attended the Course at Glasgow University on Mental Deficiency, and three attended the Introduction to Psychiatry Course.

One medical officer was present in Manchester during the early part of the year on a one week's Seminar on Audiology.

Mr. Iain Simpson, Consultant at the Victoria Infirmary, very generously arranged a Course on Diseases of the Ear, Nose and Throat, on Tuesday evenings from January to April. This was fully appreciated by the staff and was well attended. The Medical Staff was invited to attend the wards at the Infirmary on Saturday mornings and many took advantage of this opportunity. The subject was systematically dealt with and the approach was very practical and designed to suit the needs of the school medical officer. Many of Mr. Simpson's colleagues took part in this venture which was fully supported by Mr. Brown Kelly, Senior Surgeon of the Unit. The Course concluded with lecture/demonstrations on Audiology arranged by Mr. A. Bain, Consultant in the Ear, Nose and Throat Hospital, aptly assisted by Dr. Margaret Dunn, a School Medical Officer, who is particularly interested in this topic.

In October, Dr. William Wilson, Consultant Ophthalmologist at the Ophthalmic Institute and Consultant to the School Health Service, organised a series of six lecture/demonstrations at his Unit. These again took place on Tuesday evenings, and were well supported and appreciated by the School Health Service Staff. Many of Dr. William Wilson's colleagues took part.

In November and December, through the assistance of the Director of Education and the Principal of Jordanhill College of Education, a short series of lectures on Teaching Methods took place. This Course was open to school medical officers and health visitors, and proved of immense value to the staff in health education teaching. Particular thanks are given to Mr. Rendall and Mr. Bell of Jordanhill College for the excellence of their lectures.

GUTHRIE TEST FOR PHENYLKETONURIA (P.K.U.)—A SURVEY OF SPECIAL SCHOOLS AND OCCUPATIONAL CENTRES IN GLASGOW.

Laboratory facilities for the Guthrie Test having become available in Glasgow, we were invited by the Director of the Stobhill Hospital Bacteriology Department to take part in a general survey for phenylketonuria in the population showing mental handicap. Our particular part in this investigation was to test young persons coming within the control of our own Department and attending special schools and occupational centres within the City. Arrangements were made with the Professor of Paediatrics of the University for further follow up of cases discovered during the survey.

Before commencing the survey six cases of phenylketonuria were known in persons attending special schools and occupational centres. The survey revealed five new cases and another case was discovered incidentally in an older married sister of one of the five.

Full details of the survey and findings were published in *The Medical Officer*—Drs. T. S. Wilson, M. P. Menzies, and J. Scott, Volume 115, page 171.

THE KEYSTONE SCHOOL VISION SCREENING TEST—A REVIEW OF VISUAL ABNORMALITIES FOUND FOLLOWING A SURVEY OF FOUR SCHOOLS IN GLASGOW.

A high proportion of visual defects has been found in the four schools tested. The wastage rate in the ordinary schools is very high. This is accounted for both by parental apathy and the unwillingness of the children to wear glasses.

(b) OTHER EXAMINATIONS.

Nursery (special and re-inspection cases)	2,569
Vision testing (9-year-olds)	11,447
Vision testing (Keystone apparatus)	6,266
Special Cases (non-routines)	27,006
Re-inspections (cases " at risk ")	17,236
Leaving Interviews	8,083
Examinations regarding mental defect	2,516
Discharges in Special Schools and Classes	65
Audiometric Survey (by audiometricians)	14,709
Applicants for Licences under Byelaws	475
Adult Employees of Corporation	1,793
Holidays Abroad, Educational Excursions, Camps	13,286
Residential School Examinations	5,555
Pre-Vocational Students	1,623
Remand Home Examinations	4,912
Cleanliness Inspections (by nurses)	180,235

TABLE II—AVERAGE MEASUREMENTS OF SCHOOL CHILDREN DURING YEAR ENDED 31st DECEMBER, 1965.

	Boys		Girls	
	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)
<i>5 years 4 months</i>				
Number examined		8,765		8,480
Average measurements ...	42.79	42.61	42.42	41.26
<i>3 years 5 months</i>				
Number examined		6,281		7,174
Average measurements ...	59.98	96.06	60.26	101.47
<i>6 years</i>				
Average age (in months beyond year of age) ...		5.87		6.15
Number examined		1,339		899
Average measurements ...	67.65	136.79	63.50	123.72

4. SKIN	Ringworm	...	—	—	—	—	1	1	1	2
		(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)	(0.01)
(a) Head	Impetigo	...	17	10	1	—	1	22	12	34
		(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
	Injuries	...	9	8	—	—	—	12	12	24
		(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
	Others	...	51	51	46	18	175	167	342	342
		(0.6)	(0.6)	(2.8)	(1.5)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)
	Ringworm	...	2	—	—	—	3	3	—	3
		(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)	(0.02)
(b) Body	Impetigo	...	11	3	—	—	14	6	20	20
		(0.1)	(0.1)	(0.03)	(0.04)	(0.1)	(0.1)	(0.03)	(0.1)	(0.1)
	Scabies	...	13	15	—	—	19	28	47	47
		(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
	Injuries	...	14	15	1	—	25	21	46	46
		(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
	Others	...	307	253	77	58	633	579	1,212	1,212
		(3.4)	(2.8)	(4.6)	(4.8)	(3.3)	(3.3)	(3.1)	(3.2)	(3.2)
Totals ...	Totals ...	...	424	355	125	76	904	826	1,730	1,730
			(4.6)	(4.0)	(7.5)	(6.3)	(4.8)	(4.4)	(4.6)	(4.6)
5. NUTRITION	Slightly defective	...	198	248	—	1	278	355	633	633
		(2.2)	(2.8)	(0.9)	(0.1)	(1.5)	(1.9)	(1.9)	(1.7)	(1.7)
	Bad ...	...	1	6	—	—	3	11	14	14
		(0.01)	(0.1)	(0.03)	(0.1)	(0.01)	(0.01)	(0.1)	(0.1)	(0.04)
Totals ...	Totals ...	...	199	254	—	1	281	366	647	647
			(2.2)	(2.9)	(0.1)	(0.1)	(1.5)	(1.9)	(1.7)	(1.7)
6. MOUTH AND TEETH UNHEALTHY			109	108	13	6	185	186	371	371
			(1.2)	(1.2)	(0.8)	(0.5)	(1.0)	(1.0)	(1.0)	(1.0)

TABLE IIa—Continued

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
7. NASO PHARYNX									
(a) <i>Nose</i>									
Obstruction—for observation	95 (1.0)	67 (0.8)	17 (0.2)	9 (0.1)	1 (0.1)	—	114 (0.6)	79 (0.4)	193 (0.5)
Obstruction for operation	31 (0.3)	15 (0.2)	2 (0.03)	4 (0.1)	—	—	33 (0.2)	20 (0.1)	53 (0.1)
Catarrh	152 (1.7)	116 (1.3)	39 (0.5)	35 (0.4)	7 (0.4)	1 (0.1)	204 (1.1)	152 (0.8)	356 (0.9)
Other conditions	24 (0.3)	11 (0.1)	24 (0.3)	14 (0.2)	5 (0.3)	—	53 (0.3)	26 (0.1)	79 (0.2)
(b) <i>Throat</i>									
Tonsils—for observation	603 (6.6)	562 (6.3)	86 (1.1)	113 (1.4)	6 (0.4)	7 (0.6)	709 (3.7)	696 (3.7)	1,405 (3.7)
Tonsils—for operation	164 (1.8)	156 (1.8)	10 (0.1)	25 (0.3)	1 (0.1)	2 (0.2)	177 (0.9)	184 (1.0)	361 (1.0)
Other conditions	10 (0.1)	27 (0.3)	14 (0.2)	12 (0.1)	1 (0.1)	—	26 (0.1)	39 (0.2)	65 (0.2)
(c) <i>Glands</i>									
For observation	79 (0.9)	53 (0.6)	17 (0.2)	9 (0.1)	—	—	96 (0.5)	64 (0.3)	160 (0.4)
For operation	—	—	—	1 (0.01)	—	—	—	1 (0.01)	1 (0.003)
Totals	1,158 (12.7)	1,007 (11.3)	209 (2.8)	222 (2.7)	21 (1.3)	10 (0.8)	1,412 (7.4)	1,261 (6.7)	2,673 (7.1)
8. EYES									
(a) <i>External Diseases</i>									
Blepharitis	88 (1.0)	76 (0.9)	9.4 (1.2)	9.1 (1.1)	9 (0.5)	2 (0.2)	195 (1.0)	175 (0.9)	370 (1.0)
Conjunctivitis	4 (0.04)	6 (0.1)	4 (0.1)	3 (0.04)	1 (0.1)	1 (0.1)	9 (0.04)	10 (0.1)	19 (0.1)
Corneal opacities	1 (0.01)	3 (0.03)	3 (0.04)	3 (0.04)	—	—	4 (0.02)	6 (0.03)	10 (0.03)
Strabismus	317 (3.5)	304 (3.4)	98 (1.3)	96 (1.2)	5 (0.3)	2 (0.2)	436 (2.3)	415 (2.2)	851 (2.2)
Other diseases	20 (0.2)	17 (0.2)	15 (0.2)	14 (0.2)	—	—	38 (0.2)	33 (0.2)	71 (0.2)
Totals	430 (4.7)	406 (4.6)	214 (2.8)	207 (2.7)	15 (1.3)	5 (0.5)	682 (3.5)	630 (3.4)	1,321 (3.5)

8. EYES										
(b) Visual acuity (Snellen)*										
Fair, 6/9 or 6/12	...	...	327	624	794	163	86	1,185	1,265	2,450
	...	...	(3.7)	(8.3)	(9.6)	(9.8)	(7.1)	(6.2)	(6.7)	(6.5)
Bad, 6/18 or worse	...	...	18	214	261	58	29	298	318	616
	...	...	(0.2)	(2.8)	(3.1)	(3.5)	(2.4)	(1.6)	(1.7)	(1.6)
Totals	...	...	345	838	1,055	221	115	1,483	1,583	3,066
	...	...	(3.9)	(11.1)	(12.7)	(13.3)	(9.5)	(7.8)	(8.4)	(8.1)
Recommended for Refraction										
	...	...	151	297	320	57	18	538	514	1,052
	...	...	(1.7)	(3.9)	(3.9)	(3.4)	(1.5)	(2.8)	(2.7)	(2.8)
Recommended for Re-test	...	...	37	120	143	17	10	188	205	393
	...	...	(0.4)	(1.6)	(1.7)	(1.0)	(0.8)	(1.0)	(1.1)	(1.0)
Totals	...	...	188	417	463	74	28	726	719	1,445
	...	...	(2.1)	(5.5)	(5.6)	(4.5)	(2.3)	(3.8)	(3.8)	(3.8)
(c) Colour vision abnormality										
	...	...	15	245	14	64	—	400	30	430
	...	...	(0.2)	(3.2)	(0.2)	(3.9)	—	(2.1)	(0.2)	(1.1)
9. EARS										
(a) Diseases										
Otorrhoea	...	...	59	39	30	1	2	115	94	209
	...	...	(0.7)	(0.5)	(0.4)	(0.1)	(0.2)	(0.2)	(0.5)	(0.6)
Other diseases	...	...	40	10	14	—	1	31	57	88
	...	...	(0.4)	(0.1)	(0.2)	—	(0.1)	(0.2)	(0.3)	(0.2)
(b) Defective hearing										
Grade I—For ordinary class	...	...	64	38	29	7	1	104	95	199
	...	...	(0.7)	(0.5)	(0.3)	(0.4)	(0.1)	(0.5)	(0.5)	(0.5)
„ IIa—for front seat	...	...	7	11	13	5	—	23	20	43
	...	...	(0.1)	(0.1)	(0.2)	(0.3)	—	(0.1)	(0.1)	(0.1)
„ IIb—For class for semi-deaf	...	...	—	—	—	1	—	3	—	3
	...	...	(0.02)	—	—	(0.1)	—	(0.01)	—	(0.01)
„ III—For Deaf class	...	...	1	—	—	—	—	—	1	1
	...	...	(0.01)	—	—	—	—	—	(0.01)	(0.003)
Totals	...	...	171	98	86	14	4	276	267	543
	...	...	(1.9)	(1.3)	(1.0)	(0.8)	(0.3)	(1.5)	(1.4)	(1.4)

* The record of defective vision applies to the better eye and is with spectacles if worn at examination. Entrants were examined by the "E" test and other age-groups by the Snellen test. The percentages relate to 37,767 children—126 cases fewer than the total number seen at routine medical inspection.

TABLE IIa—Continued

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
10. SPEECH									
Defective articulation	201 (2.2)	103 (1.2)	15 (0.2)	10 (0.1)	3 (0.2)	2 (0.2)	220 (1.2)	115 (0.6)	335 (0.9)
Stammering	15 (0.2)	6 (0.1)	17 (0.2)	2 (0.02)	4 (0.2)	—	40 (0.2)	8 (0.04)	48 (0.1)
Totals	216 (2.4)	109 (1.2)	32 (0.4)	12 (0.1)	7 (0.4)	2 (0.2)	260 (1.4)	123 (0.7)	383 (1.0)
11. MENTAL AND NERVOUS CONDITION									
Backward	15 (0.2)	5 (0.1)	1 (0.01)	2 (0.02)	—	—	17 (0.1)	7 (0.04)	24 (0.1)
Dull	6 (0.1)	4 (0.04)	1 (0.01)	—	—	—	8 (0.04)	5 (0.03)	13 (0.03)
Mentally handicapped (educable)	1 (0.01)	1 (0.01)	—	—	—	—	1 (0.01)	2 (0.01)	3 (0.01)
" (ineducable)	—	—	—	—	—	—	—	—	—
Highly nervous	51 (0.6)	45 (0.5)	13 (0.2)	24 (0.3)	—	1 (0.1)	69 (0.4)	70 (0.4)	139 (0.4)
Difficult in behaviour	45 (0.5)	35 (0.4)	5 (0.1)	1 (0.01)	—	—	55 (0.3)	37 (0.2)	92 (0.2)
Epilepsy (Mild)	17 (0.2)	16 (0.2)	13 (0.2)	9 (0.1)	1 (0.1)	4 (0.3)	33 (0.2)	29 (0.2)	62 (0.2)
" (Severe)	2 (0.02)	—	1 (0.01)	2 (0.02)	—	—	5 (0.03)	2 (0.01)	7 (0.02)
Totals	137 (1.5)	106 (1.2)	34 (0.4)	38 (0.5)	1 (0.1)	5 (0.4)	188 (1.0)	152 (0.8)	340 (0.9)
12. CIRCULATORY SYSTEM									
(a) Organic Heart Disease									
Congenital	39 (0.4)	38 (0.4)	48 (0.2)	9 (0.1)	1 (0.1)	3 (0.2)	61 (0.3)	53 (0.3)	114 (0.3)
Acquired	3 (0.03)	4 (0.04)	5 (0.1)	9 (0.1)	—	1 (0.1)	10 (0.1)	14 (0.1)	24 (0.1)
(b) Functional Conditions	255 (2.8)	234 (2.6)	65 (0.9)	77 (0.9)	8 (0.5)	8 (0.7)	335 (1.8)	324 (1.7)	659 (1.7)
Totals	297	276	88	95	9	12	406	391	797

Chronic Bronchitis ...	32 (0.3)	12 (0.1)	9 (0.1)	8 (0.1)	—	—	41 (0.2)	20 (0.1)	61 (0.2)
Suspected Tuberculosis ...	4 (0.04)	2 (0.02)	18 (0.2)	15 (0.2)	1 (0.1)	—	23 (0.1)	17 (0.1)	40 (0.1)
Catarrh ...	348 (3.8)	276 (3.1)	90 (1.2)	52 (0.6)	3 (0.2)	1 (0.1)	451 (2.7)	334 (1.8)	785 (2.1)
Other diseases ...	40 (0.4)	23 (0.3)	29 (0.4)	14 (0.2)	1 (0.1)	1 (0.1)	71 (0.4)	39 (0.2)	110 (0.3)
Totals ...	424 (4.6)	313 (3.5)	146 (1.9)	89 (1.1)	5 (0.3)	2 (0.2)	586 (3.1)	410 (2.2)	996 (2.6)
14. DEFORMITIES									
(a) Congenital ...	109 (1.2)	88 (1.0)	37 (0.5)	32 (0.4)	12 (0.7)	4 (0.3)	171 (0.9)	131 (0.7)	302 (0.8)
(b) Acquired									
Infantile Paralysis ...	2 (0.02)	4 (0.04)	12 (0.2)	9 (0.1)	2 (0.1)	3 (0.2)	16 (0.1)	17 (0.1)	33 (0.1)
Probable Rickets ...	13 (0.1)	11 (0.1)	9 (0.1)	3 (0.04)	1 (0.1)	—	24 (0.1)	15 (0.1)	39 (0.1)
Cerebral Palsy ...	4 (0.04)	6 (0.1)	3 (0.04)	3 (0.04)	—	—	8 (0.04)	9 (0.1)	17 (0.04)
Other causes ...	247 (2.7)	165 (1.9)	162 (2.1)	211 (2.5)	49 (3.0)	27 (2.2)	498 (2.6)	426 (2.3)	924 (2.4)
Totals ...	375 (4.1)	274 (3.1)	223 (2.9)	258 (3.1)	64 (3.9)	34 (2.8)	717 (3.8)	598 (3.2)	1,315 (3.5)
15. INFECTIOUS DISEASES ...	5 (0.1)	6 (0.1)	1 (0.01)	—	—	—	6 (0.03)	6 (0.03)	12 (0.03)
16. ASTHMA ...	65 (0.7)	36 (0.4)	49 (0.6)	31 (0.4)	11 (0.7)	2 (0.2)	35 (0.2)	70 (0.4)	105 (0.3)
17. DIABETES ...	4 (0.04)	—	3 (0.04)	4 (0.1)	—	—	8 (0.04)	4 (0.02)	12 (0.03)
18. OTHER DISEASES OR DEFECTS ...	514 (5.6)	486 (5.5)	219 (2.9)	311 (3.8)	26 (1.6)	49 (4.1)	800 (4.2)	871 (4.6)	1,671 (4.4)

TABLE IIb—ADDITIONAL INFORMATION REGARDING RESULTS OF SYSTEMATIC EXAMINATIONS.
 Except in respect of the dual information regarding children who wore glasses, no child appears more than once in each section.
 "Sections" are indicated by horizontal lines across the columns.

Age Groups	Entrants		13-year-olds		16-year-olds		All ages		Totals
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Parents present at examination ...	8,484 (92.8)	8,152 (91.7)	861 (11.4)	1,112 (13.4)	34 (2.1)	43 (3.6)	9,659 (50.9)	9,524 (50.4)	19,183 (50.6)
Children notified to parent as requiring treatment :—									
(a) Defects of clothing and/or minor dental defect	784 (8.6)	871 (9.8)	191 (2.5)	176 (2.1)	41 (2.5)	7 (0.6)	1,043 (5.5)	1,077 (5.7)	2,120 (5.6)
By printed notice.	67	146	187	332	3	—	266	502	768
(b) Other defects	1,691 (18.5)	1,514 (17.0)	685 (9.1)	769 (9.3)	147 (8.9)	83 (6.9)	2,631 (13.9)	2,421 (12.8)	5,052 (13.3)
By printed notice.	543 (5.9)	581 (6.5)	567 (7.5)	551 (6.6)	37 (2.2)	18 (1.5)	1,195 (6.3)	1,187 (6.3)	2,382 (6.3)
Children noted for re-inspection :—									
(a) Defects of clothing, etc. (as above) ...	757 (8.3)	909 (10.2)	520 (6.9)	690 (8.3)	26 (1.6)	7 (0.6)	1,344 (7.1)	1,659 (8.8)	3,003 (7.0)
(b) Other defects ...	2,565 (28.1)	2,380 (26.8)	1,647 (21.8)	1,833 (22.1)	265 (16.0)	170 (4.1)	4,680 (24.7)	4,512 (23.0)	9,192 (24.3)
Children excluded from attendance at school ...	15 (0.2)	19 (0.2)	3 (0.04)	8 (0.1)	—	—	21 (0.1)	31 (0.2)	52 (0.1)
Children "free from defects" in terms of Table III :—									
(a) No recorded defect ...	3,458 (37.8)	3,492 (39.3)	5,032 (60.6)	5,036 (60.8)	1,179 (71.1)	900 (74.6)	9,991 (52.6)	9,698 (51.3)	19,689 (52.0)
(b) Defects of clothing only ...	4 (0.04)	1	27	18	—	2	31	21	52
(c) Defects of cleanliness only ...	92 (1.0)	256 (2.9)	244 (3.2)	657 (7.9)	1 (0.1)	1 (0.1)	347 (1.8)	948 (5.0)	1,295 (3.4)
(d) Minor dental defect with ...	971	1,013	115	80	11	9	2,005	1,983	3,988

One to four decayed	2,708 (2.9.6)	2,698 (3.0.3)	1,462 (1.9.3)	1,393 (1.6.8)	178 (1.0.7)	4,493 (2.3.7)	4,289 (2.2.7)	8,782 (2.3.2)	1,528 (1.5.2)
Five or more decayed	668 (7.3)	606 (6.8)	103 (1.4)	97 (1.2)	21 (1.3)	804 (4.2)	724 (3.8)	1,528 (4.0)	
Visual acuity :—									
{ With glasses—									
{ Good, 6/6 ...	188 (2.1)	221 (2.5)	609 (8.1)	823 (9.9)	324 (1.9.5)	1,159 (6.1)	1,377 (7.3)	2,536 (6.7)	
{ Fair, 6/9, 6/12	28 (0.3)	20 (0.2)	163 (2.2)	263 (3.2)	71 (4.3)	278 (1.5)	350 (1.9)	628 (1.7)	
{ Bad, 6/18, etc.	1 (0.01)	2 (0.02)	25 (0.3)	58 (0.7)	13 (0.8)	43 (0.2)	74 (0.4)	117 (0.3)	
Children who wore glasses at examination									
{ Without glasses									
{ Good, 6/6 ...	162 (1.8)	185 (2.1)	223 (3.0)	309 (3.7)	73 (4.4)	473 (2.5)	600 (3.2)	1,073 (2.8)	
{ Fair, 6/9, 6/12	40 (0.4)	50 (0.6)	184 (2.4)	243 (2.9)	68 (4.1)	308 (1.6)	373 (2.0)	681 (1.8)	
{ Bad, 6/18, etc.	15 (0.2)	8 (0.1)	390 (5.2)	592 (7.1)	267 (16.1)	699 (3.7)	828 (4.4)	1,527 (4.0)	
Children not wearing glasses at examination									
{ Good, 6/6 ...	8,553 (9.4.0)	8,249 (9.3.6)	6,112 (8.0.9)	6,408 (7.7.3)	1,113 (6.7.1)	16,297 (86.0)	15,868 (84.3)	32,165 (85.2)	
{ Fair, 6/9, 6/12	314 (3.5)	307 (3.5)	461 (6.1)	531 (6.4)	92 (5.5)	907 (4.8)	915 (4.9)	1,822 (4.8)	
{ Bad, 6/18, etc.	14 (0.2)	16 (0.2)	189 (2.5)	203 (2.4)	45 (2.7)	255 (1.3)	244 (1.3)	499 (1.3)	
Diphtheria Immunisation									
{ Partial ...	208 (2.3)	229 (2.6)	47 (0.6)	70 (0.8)	9 (0.5)	271 (1.4)	323 (1.7)	594 (1.6)	
{ Completed ...	6,090 (66.6)	5,974 (67.2)	7,251 (95.9)	7,963 (96.1)	1,621 (97.8)	15,464 (81.5)	15,499 (82.0)	30,963 (81.7)	
{ Not immunised	2,845 (31.1)	2,688 (30.2)	262 (3.5)	256 (3.1)	28 (1.7)	3,250 (17.1)	3,086 (16.3)	6,336 (16.7)	
Smallpox Vaccination									
{ Successful vaccination ...	4,745 (51.9)	4,725 (53.1)	4,134 (54.7)	4,473 (54.0)	1,342 (80.9)	10,655 (56.1)	10,483 (55.4)	21,138 (55.8)	
{ Successful re-vaccination	5 (0.1)	6 (0.1)	8 (0.1)	8 (0.1)	2 (0.1)	16 (0.1)	20 (0.1)	36 (0.1)	
{ Unsuccessful or no vaccination	4,393 (48.0)	4,160 (46.8)	3,418 (45.2)	3,808 (45.9)	314 (18.9)	8,314 (43.8)	8,405 (44.5)	16,719 (44.1)	

TABLE III—SYSTEMATIC MEDICAL EXAMINATION OF
ACCORDING TO REMEDIABILITY OF THE MAJOR

CLASSIFICATION	No. of Children Each Group (and		
	Entrants		
	Boys	Girls	Total
I. Children free from defects	5,375 (58.8)	5,592 (62.9)	10,967 (60.0)
II. Children (otherwise free from defects) who suffer from—			
(a) Defective vision not worse than 6/12 in the better eye with or without glasses; or	195 (2.1)	180 (2.0)	375 (2.1)
(b) Oral Sepsis	75 (0.8)	73 (0.8)	148 (0.5)
(c) Both (a) and (b)	3 (0.03)	3 (0.03)	6 (0.03)
Totals	273 (3.0)	256 (2.9)	529 (2.9)
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks ...	1,644 (18.0)	1,493 (16.8)	3,137 (17.4)
IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in II or III, distinguishing cases—			
(a) Where complete cure or restora- tion of function (in the case of eye defect, full correction) is considered possible	1,332 (14.6)	1,106 (12.4)	2,438 (13.5)
(b) Where improvement only is considered possible, <i>e.g.</i> , without complete restoration of function	505 (5.5)	435 (4.9)	940 (5.2)
Totals	1,837 (20.1)	1,541 (17.3)	3,378 (18.7)
V. Children suffering from defects from which improvement is not considered possible	14 (0.2)	9 (0.1)	23 (0.1)
Total numbers of children examined ...	9,143	8,891	18,034

• Includes 1,146 children

CHILDREN IN ORDINARY SCHOOLS. CLASSIFICATION
DEFECTS FOUND IN THE INDIVIDUAL CHILD.

EXAMINED IN PERCENTAGES).						NO. OF CHILDREN EXAMINED (AND PERCENTAGES).		
13-year-olds			16-year-olds			*All ages Totals		
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
5,418 (71.7)	5,791 (69.9)	11,209 (70.7)	1,194 (72.0)	912 (75.6)	2,106 (73.5)	12,374 (65.2)	12,650 (66.9)	25,024 (66.0)
492 (6.5)	646 (7.8)	1,138 (7.2)	136 (8.2)	73 (6.1)	209 (7.3)	855 (4.5)	942 (5.0)	1,797 (4.7)
44 (0.6)	49 (0.6)	93 (0.6)	10 (0.6)	5 (0.4)	15 (0.5)	130 (0.7)	128 (0.7)	258 (0.7)
4 (0.1)	10 (0.1)	14 (0.1)	2 (0.1)	1 (0.1)	3 (0.1)	10 (0.1)	15 (0.1)	25 (0.1)
540 (7.1)	705 (8.5)	1,245 (7.9)	148 (8.9)	79 (6.6)	227 (7.9)	995 (5.2)	1,085 (5.7)	2,080 (5.5)
777 (10.3)	891 (10.7)	1,668 (10.5)	167 (10.1)	111 (9.2)	278 (9.7)	2,652 (14.0)	2,553 (13.5)	5,205 (13.7)
494 (6.5)	605 (7.3)	1,099 (6.9)	73 (4.4)	66 (5.5)	139 (4.8)	1,986 (10.5)	1,811 (9.6)	3,797 (10.0)
321 (4.2)	277 (3.3)	598 (3.8)	72 (4.3)	36 (3.0)	108 (3.8)	948 (5.0)	773 (4.1)	1,721 (4.5)
815 (10.8)	882 (10.6)	1,697 (10.7)	145 (8.7)	102 (8.5)	247 (8.6)	2,934 (15.5)	2,584 (13.7)	5,518 (14.6)
10 (0.1)	20 (0.2)	30 (0.2)	4 (0.2)	2 (0.2)	6 (0.2)	30 (0.2)	36 (0.2)	66 (0.2)
7,560	8,289	15,849	1,658	1,206	2,864	18,985	18,908	37,893

with normal Age Groups.

TABLE IV—SOCIAL GROUP AND MEDICAL REMEDIABILITY CLASS.

By analysing the information obtained at systematic medical inspection it is possible to show the comparative health conditions of children belonging to each of the so-called Social Groups. In the following table, therefore, the occupations of the parents have been arranged in five groups and related to the medical remediability classifications of Table III.

Numbers and Percentages of Children in Ordinary Schools Placed in Various Medical ("Remediability") Classes arranged according to Social Group of Parent.

Social Group of Parent	1		2		3		4		5		Totals	
	Professional		Clerical		Skilled		Semi-skilled		Labouring			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I. Children free from defects (other than clothing, cleanliness or minor dental defects)	538	70.9	3,408	70.5	7,279	67.8	8,884	66.0	4,915	60.6	25,024	66.0
II. Children suffering only from slightly defective vision and/or oral sepsis	44	5.8	273	5.7	522	4.9	740	5.5	501	6.2	2,080	5.5
III. Children suffering from temporary defects (other than in II) ...	65	8.5	539	11.1	1,418	13.2	1,853	13.8	1,330	16.4	5,205	13.7
IV. Children suffering from curable or improvable defects	110	14.5	607	12.6	1,486	13.9	1,972	14.6	1,341	16.5	5,516	14.6
V. Children suffering from defects not considered improvable	2	0.3	6	0.1	23	0.2	14	0.1	23	0.3	68	0.2
Total Numbers of Children Examined	759	100.0	4,833	100.0	10,728	100.0	13,463	100.0	8,110	100.0	37,893	100.0

Perusal of the statistics in the table reveals the following:—

- (1) The percentage of children free from defects (Class 1) was greatest for Social Group 1 (Professional) and diminished progressively for each of the remaining groups.
- (2) Percentages in Classes III and IV increased more or less consistently from Social Group 1 to 5.

TABLE V—SUMMARISED TREATMENT STATISTICS.

EAR—					Cases	Attendances
Examined only	...	...	...	...	621	15,305
Clinic treatment	...	...	...	...	1,627	
Aurists' Examinations	...	...	...	...	1,257	1,257
Aurists' Classifications	...	...	...	...	15	15
Audiometric Survey	...	...	...	...	1,173	1,173
EYE					1,445	9,665
SKIN—						
Clinic treatment	...	...	...	...	12,653	113,273
Cleansing clinics	...	...	...	...	461	1,099
Scabies baths	...	...	...	...	705	2,923
DEFECTIVE VISION—						
Clinic treatment	...	...	...	...	8,877	8,877
Spectacles supplied	...	...	...	...	4,507	5,856
EAR, NOSE AND THROAT—						
Aurists' Examinations	...	...	...	...	291	291
Tonsil/Adenoid operations	...	...	...	...	528	1,724
ORTHOPAEDIC—						
Examined only	...	...	...	...	1,977	1,977
Treated by exercises	...	...	...	...	952	16,177
Treated in Spastic Unit	...	...	...	...	43	5,646
OTHER DISEASES—						
General	...	...	...	...	7,417	19,732
Supply of medicines	...	...	...	...	3,964	12,998
Artificial Light	...	...	...	...	531	8,370
Cardiac cases	...	...	...	...	154	329

DENTAL—					Cases	Attendances
Ordinary	...	...	...	...	19,268	50,975
Orthodontic	...	...	...	...	169	4,370
REMAND HOMES	...	...	...	...	494	494
DEFECTIVE SPEECH	...	...	...	...	2,363	29,684
OCCUPATIONAL THERAPY	...	...	...	...	39	3,145

TABLE VI—DENTAL INSPECTION AND TREATMENT.

(1) GENERAL STATISTICS.

Age in years	Number of Children seen at Routine Dental Inspection						Special and Emergency Cases	
	Number Inspected	With Dental Defects	Offered Treatment	Accepting Treatment	Treated	Made mentally fit		
3 or under	...	17	1	—	—	26	19	110
4	...	25	12	9	4	57	33	198
Totals 0-4 years	...	42	13	9	4	83	52	308
5	...	5,297	4,091	3,954	1,747	1,330	511	522
6	...	6,248	5,083	4,765	2,214	1,925	858	559
7	...	6,150	5,088	4,871	2,021	1,824	864	566
8	...	5,750	4,791	4,586	1,869	1,980	1,002	667
9	...	5,566	4,440	4,209	1,708	1,699	931	609
10	...	5,178	4,076	3,831	1,396	1,553	864	638
11	...	5,041	3,789	3,547	1,245	1,320	744	565
12	...	1,283	1,014	1,022	371	746	405	599
13	...	31	22	22	21	375	237	617
14	...	88	64	64	62	328	209	535
15	...	73	46	46	46	82	61	154
16	...	3	1	1	1	16	16	38
17 or over	...	—	—	—	—	7	6	16
Total 5-17 + years	...	40,708	32,505	30,918	12,701	*13,185	6,708	6,083

No. of attendances for treatment: 0-4 years, 688; 5-17 years, 50,287; total, 50,975

* Includes 1,325 treated by Dental Auxiliaries.

(2) DETAILS OF TREATMENT.

	Routine	Special and Emergency	Total
Fillings—permanent teeth	18,394	4,596	22,990
—deciduous teeth	4,951	503	5,454
Extractions (not incl. orthodontic)—			
—permanent teeth	2,116	1,586	3,702
—deciduous teeth	9,436	3,147	12,583
Administrations of general anaesthetic ...	563	128	691
Other operations—permanent teeth ...	9,734	3,527	13,261
—deciduous teeth	6,201	1,541	7,742
Dentures—partial	—	—	198
—full	—	—	5
Repairs to dentures	—	—	25
Radiographs—number of exposures (not incl. orthodontic)—			
intra-oral	—	—	309
extra-oral	—	—	21

(3) ORTHODONTIC TREATMENT.

Cases from previous year, 304 ; new cases, 169 ; cases completed, 122 ; cases discontinued, 26 ; cases continuing at end of year, 325 ; attendances for treatment, 4,370.

Diagnostic examinations, 185 ; cases treated—with removable appliances, 895, with fixed appliances, nil ; repairs to appliances, 45 ; radiographs—intra-oral, 95 ; extra-oral, nil.

(4) ALLOCATION OF TIME.

	Dental Surgeons	Dental Auxiliaries	Total
Estimated number of half-days occupied in—			
routine inspection	233.5	—	233.5
treatment (other than orthodontic) ...	6,333.0	1,081.0	7,414.0
orthodontic treatment	546.0	—	546.0
maternity and child welfare	284.5	—	284.5
dental health education	106.0	774.0	880.0
administration (including investigation and report on fluoridation)	334.0	—	334.0
absence due to illness	442.0	20.0	462.0
supervising auxiliaries	62.5	—	62.5
courses, leave of absence, other inspections, etc.	162.0	—	162.0

(5) ADDITIONAL INFORMATION.

Fillings of permanent teeth included 24 crowns, 23 gold inlays and 19 root treatments.

TABLE VII—MORTALITY OF SCHOOL CHILDREN.

*Deaths during Year ended 31st December, 1965,
of Children aged 5-15 years.*

Cause of Death	5-10 years		10-15 years		All Ages		Totals
	Boys	Girls	Boys	Girls	Boys	Girls	
Violence—							
Motor vehicle accidents	9	5	5	1	14	6	20
Other violent causes	8	2	3	3	11	5	16
Malignant Neoplasms	1	1	1	3	2	4	6
Benign and Unspecified Neoplasms	—	2	1	—	1	2	3
Congenital Malformations	1	3	1	1	2	4	6
Epilepsy	1	2	—	—	1	2	3
Other diseases of Nervous System—							
Cerebral haemorrhage, angiomatous malformation	—	—	1	—	1	—	1
Broncho-pneumonia, status epilepticus, cerebral palsy	—	1	—	—	—	1	1
Polyneuritis	1	—	—	—	1	—	1
Brain abscess, pyogenic meningitis, Fallot's tetralogy	1	—	—	—	1	—	1
Encephalitis, 8 days	1	—	—	—	1	—	1
Pneumonia	3	—	—	—	3	—	3
Bronchitis	—	1	—	—	—	1	1
Other Respiratory Diseases—							
Acute pulmonary congestion	1	—	1	—	2	—	2
Diseases of the Heart—							
Myocarditis due to infection with Coxsackie B virus	—	1	—	—	—	1	1
Cardiac arrest, acute myocarditis	—	—	1	—	1	—	1
Tuberculous Diseases—							
Pulmonary haemorrhage, miliary tuberculosis ...	1	—	—	—	1	—	1
Nephritis and Nephrosis	—	1	—	1	—	2	2
Intestinal Obstruction	—	—	1	—	—	1	1
All other Diseases—							
Diabetes insipidus, malignant teratoma of optic chiasma	—	—	1	—	1	—	1
Chronic asthma and emphysema	—	—	—	1	—	1	1
Renal failure, De Toni Franconi Lignac syndrome (cystinosis)	1	—	—	—	1	—	1
Totals	29	19	16	10	45	29	74

PRESYMPTOMATIC DETECTION OF DISEASE.

The possibility of detecting disease at its earliest possible stage, and perhaps even before the patient appreciates there is anything wrong, has been the object of both Maternity and Child Welfare and School Health Services. In recent years, in the field of what has been called presymptomatic detection of disease, multiple screening tests have been available in Salford and Rotherham and wide scale investigations have been carried out by screening tests for diabetes in Bedford, Basingstoke, Hampshire, in Arbroath in Scotland, and elsewhere.

The basis of the Mass Radiography Service is the early detection of diseases of the chest, as exemplified by Glasgow's X-ray Campaign of

1957. This campaign revealed many cases of pulmonary tuberculosis in patients who appeared perfectly well, had no ache or pain or indication that anything was amiss.

In women cervical cytology is one of the outstanding examples of early detection and, when made available to all married well women between the ages of 25 and 65, should be the means of preventing pain and saving life.

In men the likelihood of abnormalities being detected by screening tests increases with age and after the age of 45 the chance of illness and death increases with every decade. Men of 45, therefore, are entering an "at risk" period, the period when there is a greater proportion of illness which if caught at an early stage may well alter their future.

The possibility of a pilot experiment in the presymptomatic detection of disease was under consideration for some considerable time. The tests to be carried out have to be reliable, simple yet accurate and able to screen off those patients who require further investigation.

It was decided, therefore, to hold a pilot experiment in the multiple screening of men over 45 years during a period of reduced departmental pressure and when a considerable part of the population would be on holiday. The period selected was the Glasgow Fair. Evening sessions were held commencing at 5.30 p.m. on the nine week days from Tuesday, 20th to Friday, 30th July, 1965.

The scheme was discussed with the Secretary of the Local Medical Committee who in turn consulted his Chairman in the absence of a meeting of his Committee. They welcomed the experiment and asked that the final report be forwarded to them for discussion.

Only one centre was used, 20 Cochrane Street, where the Department's clinics are sited in the basement and where there is a continuous series of rooms off a corridor 65 yards long. The men would enter at one end of the building and move from stage to stage, leaving at the other end.

It was also thought advisable to invite the Mass Radiography Service to co-operate by providing a mobile X-ray unit to work with the one in the Health and Welfare Department.

The tests selected were height and weight ; blood pressure ; urine test for glycosuria ; haemoglobin test on selected men ; a screening

test for vision for those who did not already wear spectacles; and X-ray of the chest.

As there was no indication as to how many men would come forward it was decided to use only limited publicity. General practitioners were circulated before the campaign started, giving the basis of the tests. Each general practitioner received copies of the actual records of his patients. Each man examined was advised that the results were satisfactory within the limits of the tests or that he should consult his doctor. Later the doctors were invited to return a form indicating whether the abnormality found was already known, whether the results had been helpful and whether the suspected condition had been confirmed.

In the screening tests certain significant levels were accepted.

Height and Weight were taken with men clothed, wearing boots or shoes but without overcoats or hats or caps. The accepted standards of weight for height were taken from Conybeare's textbook of medicine. Men were referred to their general practitioners on account of underweight or gross overweight, underweight being judged to be 15 per cent. below the standard weight for height and overweight more than two stones above the accepted standard.

Blood Pressure.—Men were referred to their doctors where the diastolic pressure was 100 or over.

Urine Testing.—Urine testing was by Clinistix, and where any result was not clearly negative the urine was tested by means of Clinitest tablets. Information was obtained on the length of time since the last snack or last main meal. Only where the Clinitest was positive was the man referred to his own doctor.

Haemoglobin.—The haemoglobin was estimated by an M.R.C. Greywedge photometer and men with haemoglobin below 12 grammes or 85 per cent. were referred to their doctor. The standard used was Haldane 100 per cent. = 14·6 grammes. Experience of the first evening indicated that the haemoglobin test was holding up the passage of the men through the centre. Thereafter the doctor taking blood pressure selected a proportion of the men for haemoglobin estimation.

Vision.—The screening test for vision was by a Keystone screener. The men who wore spectacles for reading were tested for distance and those who wore spectacles for distance were tested for reading. Where

they already wore bifocals or had spectacles for distance and reading no test was carried out. When defective vision was the only abnormality the man was not advised to consult his doctor but was informed of the defect.

X-ray of the Chest.—Miniature X-rays were used with subsequent recall for a full-size film where lung abnormality was suspected.

THE CENTRE IN ACTION.

The centre was staffed by the Department's medical officers, health visitors, sanitary inspectors and clerkesses.

Once the arrangements were complete two experimental trials were carried out in the week before the centre was open to the public. On the first evening volunteers from the Department passed through the centre, on the second volunteers from other Corporation departments. Both trials revealed defects in the system which were remedied.

On the basis of attendance the experiment was certainly a success. On the first evening 454 attended and it was necessary to increase the number of staff available in order to reduce the waiting time. Seating accommodation was available for 100 men, but by 7.30 p.m. over 300 men were already within the building. The haemoglobin testing was found to be a bottleneck and after the first evening only selected men had this test. The Department's X-ray unit was severely strained and the assistance of the Mass Radiography Unit on the second and subsequent evenings was invaluable. With the help of increased staff it was possible for a man to pass from the initial recording of information by a clerkess to the final examination by X-ray and be able to leave the building in fifteen minutes.

Measures had to be taken against confusion with urine samples on account of the rapidity with which the men passed through the urine testing station. Each urine glass therefore was numbered from 0-9 and marked with one of four colours. Each man's record card had a serial number and by using the last number and the colour of the particular urine glass confusion was avoided.

The number of stations employed were four clerical, two weighing, four blood pressure, three urine testing (two for Clinistix), one for Clinitest), three haemoglobin, two vision testing, and after the first day two X-ray.

The Executive Council were of great assistance where difficulty arose as to the doctor's name or address. Some men gave the name of one doctor in a partnership and follow-up was carried out by another partner sometimes at a different surgery.

The total number of men who attended the screening centre was 4,372 divided as follows :—

Monday,	July 19 ...	—	July 26 ...	473
Tuesday,	July 20 ...	454	July 27 ...	486
Wednesday,	July 21 ...	445	July 28 ...	537
Thursday,	July 22 ...	497	July 29 ...	526
Friday,	July 23 ...	410	July 30 ...	544
		<u>1,806</u>		<u>2,566</u>

Total 4,372

Exactly 3,000 men were found to be satisfactory in respect of their weight, blood pressure, urine, haemoglobin (if tested) and chest X-ray. The remaining 1,372 (31·4 per cent. of those examined) were found to have one, two or three defects each, as shown in the following table. It will be noted that multiple defects, and also indeed single defects, were more common in the older age-groups, the over-70's having two defects discovered for every three men examined.

Age Group	No Defects	Number of Men with			Total Number of Men examined	Total Number of Defects found
		One Defect each	Two Defects each	Three Defects each		
Up to 1895 ...	65	43	14	5	127	86
1896-1900 ...	128	93	22	—	243	137
1901-1905 ...	425	193	53	3	674	308
1906-1810 ...	661	252	69	4	986	402
1911-1915 ...	880	289	48	1	1,218	388
1916-1920 ...	836	233	44	1	1,114	324
1921-1925 ...	5	4	1	—	10	6
	<u>3,000</u>	<u>1,107</u>	<u>251</u>	<u>14</u>	<u>4,372</u>	<u>1,651</u>

The number of men in each age-group who were found to be overweight or underweight or to have raised blood pressure is shown in the

following table, the figures in brackets being the percentages of those examined in the age group—

Age Group	Overweight	Underweight	Raised Blood Pressure
Up to 1895 ...	18 (14.2)	13 (10.2)	30 (23.6)
1896-1900 ...	36 (14.8)	24 (9.9)	46 (18.9)
1901-1905 ...	87 (12.9)	61 (9.1)	94 (13.9)
1906-1910 ...	114 (11.6)	92 (9.3)	113 (11.5)
1911-1915 ...	136 (11.2)	87 (7.1)	105 (8.6)
1916-1920 ...	103 (9.2)	74 (6.6)	84 (7.5)
1921-1925 ...	2 (20.0)	—	3 (30.0)
	<u>496 (11.3)</u>	<u>351 (8.0)</u>	<u>475 (10.9)</u>

The number of men in each age-group who had a positive Clinitest, low haemoglobin or a chest defect is shown in the following table:—

Age Group	Positive Clinitest	Low Haemoglobin*	Defect
Up to 1895 ...	9	7	9
1896-1900 ...	14	4	13
1901-1905 ...	35	4	27
1906-1910 ...	40	12	31
1911-1915 ...	32	6	22
1916-1920 ...	40	3	20
1921-1925 ...	1	—	—
	<u>171</u>	<u>36</u>	<u>122</u>

* Not all men had their blood tested.

Follow-up of the 122 men with abnormal X-ray findings in the chest showed the following conditions to be included:—

Active pulmonary tuberculosis requiring treatment ...	14
Probably inactive but requiring observation ...	33
Known active tuberculosis already under observation	2
Known inactive tuberculosis already under observation	10
Total tuberculosis cases required to attend chest clinics	<u>59</u>

The fourteen patients requiring treatment included three who were previously known to the chest clinics but were no longer attending, that is, they were relapsed cases.

Eight men were found to have lung cancer.

The number of men with each defect or combination of defects was as follows :—

Overweight only	347
Overweight with raised blood pressure	107
Overweight with raised blood pressure and positive Clinitest	5
Overweight with raised blood pressure and low haemoglobin	1
Overweight with raised blood pressure and chest defect	1
Overweight with positive Clinitest	21
Overweight with low haemoglobin	3
Overweight with chest defect	11
Underweight only	278
Underweight with raised blood pressure	26
Underweight with raised blood pressure and positive Clinitest	3
Underweight with raised blood pressure and low haemoglobin	1
Underweight with raised blood pressure and chest defect	2
Underweight with positive Clinitest	9
Underweight with low Haemoglobin	8
Underweight with low Haemoglobin and chest defect	1
Underweight with chest defect	23
Raised blood pressure only	292
Raised blood pressure with positive Clinitest	21
Raised blood pressure with low haemoglobin	2
Raised blood pressure with chest defect	14
Positive Clinitest only	108
Positive Clinitest with chest defect	4
Low haemoglobin only	18
Low haemoglobin with chest defect	2
Chest defect only	64
Total number of men with defects	<u>1,372</u>

The total number of men with each defect is shown in the following table (with the percentages of the total number examined) :—

Overweight	496 (11.3)
Underweight	351 (8.0)
Raised blood pressure	475 (10.9)
Positive Clinitest	171 (3.9)
Low haemoglobin*	36 (0.8)
Chest defect	122 (2.8)
Total number of defects found	<u>1,651</u>

* Not all men had their blood tested.

CONCLUSION.

Men from all walks of life attended the centre. The long wait which was accepted with patience and good nature showed that they considered the check-up a worthwhile project. Many of the men expressed appreciation of the opportunity afforded. Some were nervous and anxious and this may have been accentuated by the conditions under which the examinations were conducted. Some doctors commented that those who attended were of the nervous type or that they were worriers about their health. It is inevitable that some of this type will be attracted as are some who wish a second opinion. It is well known that those who are X-rayed regularly at a chest clinic may come forward at a mass X-ray campaign.

Helpful collaboration was maintained with general practitioners and the Hospital Service. Many general practitioners found the review of their patients valuable, although some regarded the screening tests as unnecessary. The most onerous work in the hospital follow-up fell upon the chest physicians and the physicians in charge of the diabetic clinics. The former have previous experience of similar follow-up work. Insufficient preparations were given to collaboration with the physicians at the diabetic clinics. In fact, the referrals to these clinics arrived without warning. This is one of the lessons which have been learned from this first experiment.

Another concerned the discrepancy between blood pressure readings taken at the centre and those taken subsequently in the doctor's consulting room. A considerable number of men referred to their doctors with raised blood pressure were said to be normal in this respect. Variations from the normal standards of weight also aroused controversy. The standards adopted were not very stringent and it may have done good to remind some men that they cannot with safety carry stones of extra weight.

The waiting time was excessive even after improvements made on the second and subsequent evenings. Any further experiment would have to be based on an appointments system which did not require long periods of standing.

In spite of these objections the experiment was of value in so far that it did detect unknown conditions of high blood pressure, diabetes, anaemia and chest defects including active pulmonary tuberculosis and pulmonary neoplasm.

SECTION V

HEALTH EDUCATION.

Health education activities expanded during the year under review.

POLIOMYELITIS CAMPAIGN—APRIL, 1965.

This campaign was directed at mothers of children between six months and three years.

Strong support was given by Press, television and radio in presenting to mothers the dangers of poliomyelitis and the vulnerability of this age group. In campaigns of this nature the backing and goodwill of the mass media can often play a decisive part. Newspaper editors and television and radio authorities are fully aware of the problems of public health and when the occasion arises are unstinted in their efforts for the well-being of the City.

Posters were displayed on Corporation vehicles and in Corporation premises and leaflets distributed from libraries and clinics.

Against this general background, health visitors concentrated on the districts where protection was low.

MULTIPLE SCREENING CENTRE.

Check-up for men over forty-five. This clinic was held during the Glasgow Fair fortnight. The centre at 30 John Street attracted considerable attention in the Press and on television. As a result of the Press conference given by the Medical Officer of Health and the publicity which followed, 4,372 men came forward.

HOME SAFETY—POISONOUS DRUGS CAMPAIGN.

The Glasgow Home Safety Committee were greatly concerned with the increase in the number of home accidents due to poisonous drugs particularly those accidents involving children under five years of age. In 1964, 571 cases in all age groups were admitted to hospitals in Glasgow. It was decided, therefore, to obtain the support of the Health and Welfare Committee in mounting a campaign in February, 1966. Full backing of the Committee and the Medical Officer of Health was readily available, and the pharmaceutical organisations, The Scottish Pharmaceutical Federation and the Pharmaceutical Society of Great Britain, Glasgow Branch, agreed to co-operate during the campaign.

The campaign would endeavour to persuade individual members of the public to take stock of drugs and medicines in their homes and return those no longer required to the nearest chemist who would arrange to have them destroyed. Stress would also be laid upon the importance of locking up medicines so that they would be inaccessible to children.

With an ever-increasing range of drugs, many of which so closely resemble sweets that even trained pharmacists cannot tell the difference by looking at them, the danger to young children is very real. Cases of child poisoning appear in the Press every few weeks and they cause anxiety to the Home Safety Committee :—

1. A four-year-old boy climbed to a shelf, eight feet high, and took a packet of pills which he shared with his sister.
2. In another case a child climbed to an unlocked medicine cabinet and shared coloured pills with two playmates. They were sick but reached the hospital in time.
3. A four-year-old girl found pills near a dustbin. She thought they were sweets and ate them. She recovered in hospital.

It is hoped that next year's campaign will emphasise the danger of accidental poisoning to all housewives and mothers.

DENTAL HEALTH—" HAPPY SMILE " FOLLOW-UP CAMPAIGN.

In March a dental health campaign appealing to primary school children was launched to follow up last year's " Happy Smile " Campaign.

1. The intake of five-year-olds were invited to become members of the " Happy Smile " Club.
2. Other primary pupils were asked to enter for a dental health " Pop Stars " competition offering watches and a transistor as prizes.

As a general background to the campaign attractive posters supplied by the Scottish Home and Health Department were exhibited throughout the City and on public vehicles. Fifty display boards manufactured in the Corporation workshop were circulated throughout the primary schools ; on one side the facts about dental health, on the other information about the competition, with entry forms attached to the display.

The most important part of the competition was the writing of a slogan by the entrants on why good teeth are important, to persuade them to think about dental health, and put their thoughts on paper. From the slogans it was hoped to get an indication of how the pupils were reacting to the information which was being presented in classroom talks by dental auxiliaries, lessons from their own teachers and the propaganda background to the campaign. Was it being assimilated? The length of the slogan was left entirely to each child. It could be as long or as short as necessary.

When all entries were received a scrutiny of a sample confirmed that what was being taught during the campaign was being absorbed.

1. The majority of slogans dealt with the importance of regular brushing and the social benefits of appearance and clean breath—underlining the effectiveness of the "Happy Smile" theme.
2. Miscellaneous subjects included the avoidance of dentures by caring for one's own teeth—and general good health with sound teeth as a basis.

Regular brushing important to good dental health ...	51 per cent.
Appearance and clean breath	40 per cent.
Miscellaneous	9 per cent.

Entries were received from pupils in all social groups but most came from pupils in schools in artisan areas.

The success or failure of such a campaign relies on the support of individual headmasters and infant mistresses who can arrange for the siting of the educational-cum-propaganda unit in a position within the school where it can be seen by the pupils and is convenient for teachers to bring groups for talks on dental health.

Over 30,000 seven to eleven year olds entered for the Competition and wrote about dental health.

A Dental Health Exhibition was held at Lewis's Ltd. for two weeks during the schools campaign. Great assistance was given by their Management and Display Staff in the presentation of the exhibits. A feature of the Exhibition was the loop film which had been made at Glenbarr Street Clinic.

SCHOOLS TELEVISION—HEALTH EDUCATION PANEL.

The panel had seven meetings during the year and work proceeded on the planning of health programmes for transmission to Infant Departments.

SUBJECTS DEALT WITH BY INDIVIDUAL MEMBERS

Eating habits ; first aid and eating ; play and exercise ; table behaviour and safety first ; preparing for bed ; morning toilet ; clothing and footwear ; dangerous toys ; washing ; teeth and sleep.

At a meeting with the Director of Educational Television he discussed with the panel the techniques of television presentation which was followed at a later date by a practical demonstration in the studio at Bath Street. Members appeared and talked before the cameras under the guidance of the Director. A health visitor was selected to act as commentator in the presentation of the script. In December members of the panel had an opportunity to see a trial run of one of the subjects.

HEALTH BULLETIN.

A Mass Media Evaluation of the " Happy Smile " Campaign 1964 appeared in the Health Bulletin published by the Scottish Home and Health Department in 1965. This evaluation was part of a survey on dental hygiene before and after the " Happy Smile " Campaign conducted with the assistance of School Health Visitors, within the following parental groups (1) Professional and business ; (2) Clerical or skilled artisan ; (3) Unskilled.

The survey revealed the following trends :—

- (a) Interest in dental health seemed to decline when children reached ten years of age.
- (b) The number of children who had not visited a dentist for more than a year was high—21 per cent.
- (c) A high percentage of mothers and children in all groups admitted fear of visiting the dentist.

The above trends could well provide themes for future dental health education.

- (a) A strong appeal to children in the age group where interest in dental health is beginning to show a decline.
- (b) The benefits of regular dental inspection.
- (c) Allay fears of mothers and children.

BALVICAR CENTRE.

A set of colour slides on the activities of Balvicar Centre was prepared. A ten minute silent film in colour on the Child Development Centre was also made.

In February, 1966, the Minister of Health announced that the Cohen Report on Health Education had been accepted by the Government.

SECTION VI

HOME HELP SERVICE.

This Service, which was originally intended to provide help in the home during a mother's confinement now affords assistance in a variety of circumstances and without it a family may have to separate or an old or infirm person be removed to hospital for an indefinite period. Under Section 28 of the National Health Service (Scotland) Act, 1947, "A Local Health Authority may make such arrangements as the Secretary of State may approve for providing Domestic Help for households where such help is required owing to the presence of any person who is ill, lying in, an expectant mother, mentally defective, aged, or child not over school age within the meaning of the Education (Scotland) Act, 1946."

This Service has been greatly appreciated by those who have had the benefit of it and in consequence is now widely known and in great demand. Applications for help under the General and "Extended" schemes increased slightly in 1965. Despite the increase in staff from 368 in 1948 to 1,818 in 1965, the number is still inadequate to satisfy the demand.

Of the 1,818 Domestic Helps employed, 424 were on a whole-time and 1,394 on a part-time basis. Included in this total were 26 Helps engaged on Tuberculosis cases. The heavy demand from the elderly chronic sick continues and most of the part-time workers had two cases for two hours each and most of the full-time Helps had three cases.

The following table shows the category and number of cases assisted in the past six years :—

	1960	1961	1962	1963	1964	1965
Maternity ...	2,413	2,375	2,126	1,988	1,961	1,709
General, etc.	5,025	5,583	5,963	6,713	6,647	7,089
Tuberculosis	141	111	117	127	121	102
Totals ...	<u>7,579</u>	<u>8,069</u>	<u>8,206</u>	<u>8,828</u>	<u>8,729</u>	<u>8,900</u>

The charge to individual patients for a Home Help Service varies according to means. In December, 1965, the maximum charge was increased to 34s. 4d. per day for full-time help, 17s. 2d. per half-day and 8s. 7d. for two hours. The minimum charge remained at 4s. per day for full-time, and 2s. per day for part-time help. The two hours' help given on Sundays is charged at week-day rates, but the Corporation

night-sitter and evening services are without charge to the patient. Old-age pensioners with no other source of income receive assistance in the payment for a Home Help from the National Assistance Board.

MATERNITY AND CHILD-WELFARE SCHEME.

Maternity cases are given priority and the number requiring part-time help showed an increase in 1965, though the total number helped decreased. The period of help offered initially is two weeks, although many cases finish after one week. The number of cases assisted in this section in 1965 was 1,709, of which 1,344, were confinements.

Child welfare cases may have help for several months if a medical certificate is received with the application for an extension. Two families of motherless children were cared for in 1965, one of them having had help since 1960.

Of the total 1,709 cases assisted, 1,144 had full-time, and 565, part-time help. The maximum charge was paid by 146 and the minimum rate by 552 cases.

GENERAL SCHEME.

These cases make the heaviest demand on the Service, a large proportion of them being cases of prolonged illness or incapacity who would otherwise have to go into hospital. The Service was not designed to provide permanent assistance but to give the family concerned time to make their own arrangements for securing assistance. The number of such cases assisted in 1965 was 4,107, a large percentage receiving only two hours' help per day ; 146 received full-time help and 3,961, part-time help in 1965. The maximum charge was paid by 420 cases and the minimum by 2,606. Eight families of motherless children were also cared for under the General Scheme. The children in these families were all of school age.

EXTENDED SCHEME.

In a large number of instances there is no family or near relative to care for the applicant who is so incapacitated by illness or infirmity as to require assistance for a more prolonged period than that permitted by the General Scheme. A special " Extended " scheme was devised in 1947 to help 12 cases which, having exhausted the maximum eight-week period allowed by the General Scheme, still required assistance. Under this scheme the charge is halved, the minimum remaining at 2s. per half-day. The number of such cases has steadily increased and in 1965, 1,082 new cases were added to those already receiving this help.

In all, 2,886 cases were assisted in 1965, and were given two to four hours' daily help according to need. Of this total, nine paid the maximum charge of 7s. 10d. while 2,584 paid the minimum.

DISSEMINATED SCLEROSIS SCHEME.

Owing to the peculiarly crippling nature of their disability, a similar long-term system of assistance is provided for certain cases of Disseminated Sclerosis, most of them being allowed four hours' help daily. Twenty new cases came under care during 1965, and the number assisted was 96. Three paid the maximum charge; the minimum was paid by 59 persons.

TUBERCULOSIS CASES.

There were 39 new cases in 1965, bringing the total number of such cases helped in 1965 to 102; of this number, seven were given full-time help and 95 part-time. None paid the maximum charge, while 85 paid the minimum.

NIGHT-SITTER AND SUNDAY, ETC. SERVICES.

A Night-Sitter service for cancer patients reaching the terminal stage of their illness, came into operation on 1st November, 1962. This service was initiated at the request of the Marie Curie Memorial Foundation and financed from the Foundation's funds. During 1965, 33 cases were assisted in this way, the maximum charge being paid by this organisation.

The Night-Sitters are in attendance from 10 p.m. until 8 a.m. from Monday to Friday inclusive. If no relatives are available to help during the week-ends, the Night-Sitter attends on all seven nights. Her duties are to keep the patient clean and comfortable, give nourishment as required and allow any members of the family who are working by day to have an undisturbed night. This service is much appreciated.

A similar Night-Service is provided by the Health and Welfare Department for other patients whose illness has reached the terminal stage. There was, however, small demand for this in 1965, and only two patients received such care.

A Sunday Service was given to 202 cases, an increase on last year's total. There was also a slight increase in the number of cases helped in the evenings of whom there were 80 in 1965.

The following table shows the illness or other condition in respect of which applications for Home Helps under the General Scheme were made in 1965.

<i>Illness.</i>	<i>Under</i>		<i>65 yrs. and over.</i>	<i>Total.</i>
	<i>40 yrs.</i>	<i>40-60 yrs.</i>		
1. Respiratory Diseases	12	108	282	402
2. Circulatory Diseases	7	89	320	416
3. Senility	—	1	109	110
4. Debility	—	17	335	352
5. Digestive Diseases	3	10	60	73
6. Cardiac	6	130	438	574
7. Cancer	9	70	86	165
8. Blindness	2	13	54	69
9. Diabetes	—	13	46	59
10. Intracranial Vascular Lesion ...	—	46	128	174
11. Rheumatism	4	93	295	392
12. Hemiplegia, Paraplegia, Paralysis	4	48	119	171
13. Kidney and Bladder	4	22	67	93
14. Post Operative	23	133	166	322
15. Nervous	8	39	53	100
16. Accident	11	68	205	284
17. Other Causes	21	106	224	351
Total	<u>114</u>	<u>1,006</u>	<u>2,987</u>	<u>4,107</u>

SECTION VII

HOME NURSING SERVICE, ETC.

The distribution of the staff of the Glasgow District Nursing Association as at 31st December, 1965, is shown as follows :—

HOME NURSING STAFF.

	1965
Senior Superintendent of Home Nursing	1
Superintendent/Tutor	1
Superintendent of Homes	4
Assistant Superintendents	4
	<hr style="width: 10%; margin-left: auto; margin-right: 0;"/>
	10
Queen's Nurses on General Work	88
Queen's Nurses on Midwifery Work	19
State Registered Nurses in Training for the Queen's Roll ...	—
State Registered Nurses on full-time Nursing	21
State Registered Nurses on part-time Nursing	31
	<hr style="width: 10%; margin-left: auto; margin-right: 0;"/>
	169
	<hr style="width: 10%; margin-left: auto; margin-right: 0;"/>

In 1965 there were 74 entrants and 69 resignations. It has not been possible to recruit administrative staff. There are two vacancies in this grade.

RECORD OF WORK FOR THE YEAR ENDED 31ST DECEMBER, 1965.

As the new housing estates expand the greater part of the nursing work is concentrated in these areas.

In the "over 65 years" group the number of visits paid continues to decrease gradually.

The seconding of Queen's Nurses to Hospital Geriatric Units has been very successful. Two full-time and one part-time nurses are now engaged in the follow-up of geriatric patients discharged from Hospital. It is hoped that in the near future the service will be extended to include all Geriatric units.

There has been a slight decrease in the number of Tuberculosis patients.

PULMONARY TUBERCULOSIS.

	1961	1962	1963	1964	1965
Patients ...	493	408	352	305	278
Visits ...	25,360	21,822	16,548	16,252	14,921

MIDWIFERY.

During the year 878 Maternity patients received 19,814 visits. This shows a marked decrease from previous years. As more hospital beds become available the numbers will continue to decrease.

NURSING APPLIANCES.

The number of appliances issued on loan during the year was 3,501 being an increase of approximately 500 on the previous year. Some of the items issued remain in use by patients over long periods.

DISTRICT TRAINING.

The Course is of three months duration for nurses with S.C.M. and four months for those with R.G.N. only. 40 Students entered for the Queen's Roll Examination, and all were successful.

INTEGRATED COURSE OF DISTRICT AND HEALTH VISITOR TRAINING.

The student who commenced the Course in July, 1964, was successful in the Queen's Roll Examination and the Health Visitor Examination.

MIDWIFERY TRAINING.

Pupils are accepted from the Glasgow Royal Maternity Hospital, and Cresswell Maternity Hospital, Dumfries, for extern training under the supervision of Approved Midwifery Teachers. Thirty Pupils from Cresswell delivered 190 and 40 Pupils from Glasgow Royal Maternity Hospital delivered 299 patients. In addition 46 cases were taken by Pupils from Glasgow Hospitals.

REFRESHER COURSES AND CONFERENCES.

Training Home Superintendent's Conference, London, was attended by the Senior Superintendent, Superintendent/Tutor, and Superintendent of a Branch Home.

Midwives Refresher Course, Glasgow, was attended by 7 Midwives.

Residential Refresher Course for Queen's Nurses, Dundee. Five members of staff attended the Course.

CASES DEALT WITH DURING THE YEAR.

Cases on books at 1st January, 1965	...	2,578	
Number of new cases added	... ..	7,750	
Number of cases dismissed	... ..	7,827	
Number of cases remaining at 31st December, 1965	... ..	2,501	
<i>Dismissed—</i>			
Convalescent	... ..	3,738	<i>Midwifery</i> 868
Hospital	... ..	1,791	
Died	... ..	1,120	
Removed	... ..	310	
Total number of visits paid by Nursing Staff	...	314,559	
Number of Teaching Rounds paid with Students by Administrative Staff	... ..		339
Number of Inspections of Nurses	... ..		145

ANALYSIS OF ALL CASES ATTENDED DURING 1965.

Bronchitis	... ..	389	
Pneumonia	... ..	118	
Cardiac	... ..	767	
Arthritis	... ..	334	
Hemiplegia	... ..	769	
Senility	... ..	659	
Carcinoma	... ..	618	
Diabetes	... ..	251	
Puerperial Pyrexia	... ..	7	
Infectious Diseases	... ..	5	
Gynaecological	... ..	129	
Other Medical	... ..	3,889	
		<hr/>	7,935
Operations	... ..	2	
Post Operation Surgical...	... ..	614	
Other Surgical	... ..	536	
		<hr/>	1,152
Pulmonary Tuberculosis	... ..	278	
Non-pulmonary	... ..	68	
Surgical	... ..	17	
		<hr/>	363
Midwifery	... ..	878	
		<hr/>	878

SUB ANALYSIS OF CASES.

Injections.

Insulin	229	
Penicillin	696	
Streptomycin—T.B.	338	
Streptomycin—Others	39	
Anaemia Group	1,516	
Diuretics	450	
Other Injections	442	
	<hr/>	3,710

Patients 65 years and over.

Males	1,557	
Females	3,715	
	<hr/>	5,272

NURSING APPLIANCES ISSUED ON LOAN DURING THE YEAR
ENDED 31ST DECEMBER, 1965.

<i>Appliances—</i>	<i>No. issued.</i>
Chairs	136
Walking Machines	110
Commodes	545
Water and Air Beds	10
Air Rings	396
Bed Pans	683
Bed Cradles	185
Back Rests	368
Rubber Sheets	557
Urinals	333
Warral Sticks	142
Dunlopillo Beds	4
Dunlopillo Cushions	5
Hair Mattresses	11
Hospital Beds	6
Adult Cot Beds	7
Pole and Stand	1
Zimmer Lifter	2
	<hr/>
Total	3,501

NURSES (SCOTLAND) ACT, 1951.

NURSING AGENCIES.

No new applications were made during the year. Four agencies applied for the renewal of their licences. Satisfactory reports were made on the running of these agencies and licences were granted for the year ending 31st December, 1965. Before the year ended one of the above agencies closed down owing to the death of the owner, leaving three agencies on the register at 31st December, 1965.

NURSING HOMES REGISTRATION (SCOTLAND) ACT, 1938.

One application for registration under the above Act was received during 1965, and approval granted. One home which admitted unmarried mothers and their babies closed down and registration was cancelled.

Three homes re-applied for exemption from registration, and after inspection by a Medical Officer of this Department, exemption was granted in each case.

The number of homes on the register at December, 1965 was as follows :—

Registered	...	...	...	...	19
Exempted	...	...	...	...	3
					<hr/>
					22
					<hr/>

SECTION VIII

INFECTIOUS DISEASE.

The incidence of infectious disease in 1965 was low and the total cases registered 3,500 fewer than in 1964. This is by far the lowest total recorded since pneumonia and dysentery first became notifiable in 1919. The decrease was common to both the notifiable and non-notifiable diseases but most marked in the latter. There was less respiratory disease and though there was no significant outbreak of influenza, both Virus A and B types were present in the City, especially in the second quarter of the year.

The record low incidence of pulmonary tuberculosis in 1964 was reduced still further in 1965 and this year, too, there was a decrease in non-pulmonary tuberculosis.

Cases of poliomyelitis were only half the number notified in 1964 and none was confirmed. This is the third successive year in which no case of poliomyelitis has occurred. The incidence of viral meningitis was also reduced.

Diphtheria has now been absent from the City for nine years; the 33 cases notified in 1965 were subsequently diagnosed as other disease. The decline in the incidence of scarlet fever, too, continued throughout 1965. There have been no deaths from this disease since 1956.

The incidence of dysentery, which fell in 1964 below the 3,000 mark for the first time, was again reduced in 1965. Cases of food-poisoning were only half the previous year's total and there was less paratyphoid fever.

Among the non-notifiable diseases measles, rubella and chickenpox were less prevalent but gastro-enteritis remained at much the same level as in 1964.

Only one case of brucellosis (undulant fever) was reported in 1965.

The sharp increase in the incidence of "Infective Hepatitis" to which attention was drawn in last year's report was not repeated in 1965 when 135 cases were reported, a reduction of 83.

*“ This is an acute infectious disease with fever, anorexia, nausea, malaise and abdominal discomfort, followed by jaundice (Synonyms—Epidemic Hepatitis, Epidemic Jaundice, Catarrhal Jaundice) ”. It has a world-wide incidence and in recent years several outbreaks in this country have been described in the medical journals. As it is not a notifiable disease the actual incidence in Glasgow may be greater than appears from the figures given in the following table :—

Number of Cases reported.

1955	95	1961	152
1956	96	1962	57
1957	80	1963	64
1958	90	1964	218
1959	117	1965	135
1960	274		

Six deaths were attributed to this disease in 1965, two men aged 58 and 67, a baby girl of 8 months, and three women aged 56, 63 and 66 years.

*(Extract from “ The Control of Communicable Diseases ”, American Public Health Association, 10th Edition, 1965.)

HOSPITAL ADMISSIONS.

Admissions to hospital during the year totalled 6,716 compared with 7,988 in 1964. This total includes 1,984 removed to hospital and ultimately diagnosed as other non-infectious disease. Pneumonia and dysentery continued to make the heaviest demand on hospital accommodation. In 1965, cases of pneumonia treated in hospital formed 40 per cent. of all infectious disease cases admitted as against 35·2 per cent. in 1964. Fewer cases of this disease were admitted to hospital in 1965, but the proportion (89 per cent.) was only one per cent. lower. Fifty-three per cent. of all dysentery cases were treated in hospital compared with 57 per cent. in 1964. This is equivalent to 23·4 per cent. of all cases of infectious disease admitted during the year. In 1964 this proportion was 25·6 per cent.

Details of notifiable and non-notifiable diseases are given in Appendix Table XIII. Table XIV illustrates the seasonal prevalence of these in 1965 and the admissions, dismissals and deaths in the four fever hospitals are shown in Appendix B.

GLASGOW: INFECTIOUS DISEASE—CASE RATES PER MILLION
1945—1965

	YEAR.																					
	1945	1946	1947	1948	1949	1950	1951	*1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	
A.—Notifiable—																						
Typhus Fever	35	40	33	14	9	16	48	20	17	27	45	18	21	8	9	21	28	10	16	51	41	
Enteric Fever and Paratyphoid B	264	280	5	7	7	3	6	4	7	4	2	19	21	21	28	19	26	27	20	20	23	
Continued and Undefined Fever	187	176	131	229	176	140	212	191	187	164	109	74	95	76	90	116	162	152	210	133	138	
Puerperal Pyrexia	2	3,145	3,270	3,584	2,138	1,742	2,102	2,497	1,766	1,251	1,116	924	908	908	201	139	128	121	72	42	65	
Smallpox	3,131	1,336	460	262	141	79	123	79	46	11	2	1	—	—	372	613	396	266	266	347	240	
Scarlet Fever	1,805	481	434	440	281	259	207	218	203	196	183	199	108	—	91	72	62	51	50	37	29	
Diphtheria and Membranous Group	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cholera	119	208	121	89	93	105	116	93	114	83	89	62	53	68	73	49	65	56	49	43	38	
Cerebro-spinal Fever	300	312	280	241	121	160	171	131	92	70	47	43	35	65	76	32	24	23	36	25	16	
Ophthalmia Neonatorum	7	13	1	4	—	5	2	3	5	2	1	—	1	5	2	4	—	3	5	2	2	
Trachoma	4	5	4	5	4	1	2	4	2	2	2	3	—	—	—	—	—	—	—	—	—	
Acute Encephalitis Lethargica	—	2	17	1	2	5	1	1	1	1	3	—	—	—	—	—	—	—	—	—	—	
Acute Poli-Encephalitis	6	272	272	5	26	260	50	32	46	36	228	50	26	119	8	1	10	47	—	—	—	
Acute Poliomyelitis	4,468	5,638	4,947	4,331	4,126	3,244	3,403	4,848	3,617	3,056	4,238	4,170	5,096	4,309	4,209	3,536	3,572	3,312	3,603	2,182	2,119	
Acute Primary Pneumonia	71	201	81	32	70	38	115	114	139	30	67	49	419	43	71	30	67	15	32	10	5	
Acute Influenzal Pneumonia	2,543	2,499	5,002	1,562	3,620	4,938	6,673	1,297	6,095	3,065	1,266	3,435	2,728	1,041	2,176	3,538	782	260	2,619	737	459	
Whooping Cough	23	60	29	26	13	8	13	27	22	15	10	7	15	7	6	8	3	4	3	2	4	
Malaria	1,351	524	254	1,080	1,285	2,176	1,422	2,111	2,514	5,783	5,874	4,316	3,665	3,170	4,474	4,362	3,110	3,169	2,599	2,537	2,102	
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Infective Jaundice (Weil's Disease)	4	—	4	2	7	3	1	2	2	—	1	5	1	—	1	—	—	2	—	1	1	
Anthrax	2,420	2,575	1,535	2,545	2,595	2,244	2,025	2,084	2,187	2,039	2,027	1,887	3,672	1,258	1,091	1,032	970	887	839	799	720	
Pulmonary Tuberculosis	509	466	469	342	358	339	326	277	272	223	258	180	161	157	113	103	130	112	113	133	104	
Other Forms of Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Leprosy	1	—	—	—	—	2	—	—	—	1	294	334	231	299	372	527	387	334	266	1	212	
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B.—Not Notifiable—																						
Measles	5,509	8,867	3,678	7,457	3,698	6,272	3,034	0,326	4,505	5,325	3,540	4,292	5,317	724	10,739	556	5,878	1,978	2,231	2,275	1,331	
German Measles	542	1,001	1,032	201	249	1,027	588	242	1,602	2,298	1,57	643	356	329	155	312	884	64	85	241	35	
Chickenpox	4,831	4,473	5,091	6,305	3,394	6,426	7,390	5,476	6,785	6,881	4,185	5,501	4,057	5,972	3,086	8,493	3,020	3,406	2,088	3,188	2,429	
Gastro enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Others—Mumps, Pemphigus Neonatorum, etc.	68	62	111	55	44	41	83	57	135	91	85	43	133	169	165	378	219	72	158	243	154	
Totals	28,691	32,347	28,746	28,931	22,502	31,650	29,111	26,230	30,479	28,878	24,135	26,340	27,489	18,411	30,547	24,397	20,275	14,763	15,798	13,973	10,671	

Whooping Cough became notifiable as from 1st January, 1950

Leprosy " " 1st July, 1951

Food Poisoning " " 1st July, 1956

Anthrax " " 1st October, 1960

Figures for 1965 are preliminary and are subject to revision following completion of the inter-censal population (1961-1966).

IMMUNISATION CENTRE.

This Centre at 20 Cochrane Street provides intending travellers from the West of Scotland with immunisation against yellow fever and certain other infectious diseases likely to be met with in a foreign country. During 1965, 3,450 travellers were inoculated against yellow fever. In 1964 this figure was 3,360. In addition, 1,122 inoculations were given against smallpox, cholera, tetanus, typhus and enteric fever.

As in previous years, as a matter of convenience where crews of ships were concerned, rather than have a large crew attend at a clinic, the immunisations were carried out on board ship. This accounted for 153 of the yellow fever inoculations and 62 of those given for cholera.

SMALLPOX AND VACCINATION.

There has been no case of smallpox in Glasgow since 1950. Compulsory vaccination or declaration of conscientious objection ceased with the inception of the National Health Service (Scotland) Act on 5th July, 1948. Notification of vaccination is now made by medical practitioners, and in 1965, 2,617 notifications of primary vaccination were received and 937 of revaccinations. In addition, 3,163 primary vaccinations were carried out at the Child Welfare clinics, and 6 at nurseries and children's homes. In all, 5,786 primary vaccinations were done during the year as compared with 4,520 in 1964 and 2,481 in 1963.

The following table shows the age distribution of those vaccinated for the first time in each of the years from 1955 to date :—

Year of Vaccination	Age Group				Not Stated	All Ages	Revacci- nations
	—1	—5	—10	10 & Over			
1965	161	5,064	158	403	—	5,286	937
1964	236	373,2	171	381	—	4,520	956
1963*	382	1,394	161	541	3	2,481	2,710
1962	5,283	7,362	2,185	3,982	15	18,827	17,932
1961	5,644	3,520	60	495	4	9,823	3,249
1960	5,908	3,287	163	497	7	9,862	3,417
1959	6,454	3,648	155	458	6	10,721	3,202
1958	5,754	3,965	147	325	3	10,194	3,240
1957	5,290	3,562	246	935	—	10,033	4,991
1956	5,290	3,806	173	356	7	9,632	3,877

* The sharp decrease in primary vaccinations in 1963 was a result of the introduction of a new immunisation timetable to which reference is made on page 211.

The figures for 1962 and 1963 are not comparable with those of the preceding years. An outbreak of smallpox in England and Wales in the early part of 1962 resulted in a large number of persons requesting vaccination for the first time. Some 18,000 were revaccinated with a resultant falling off in 1963.

The 1962 outbreak is a timely reminder of the ease with which this disease may still be introduced into this country and the rapidity of its spread when it does. The necessity for constant vigilance remains, especially in a City such as this, which is not only a port of call for ships from all parts of the world but is adjacent to two air terminals.

In spite of the large number of persons coming forward for vaccination early in 1962, the vaccinal state of the population in its more vulnerable age groups is still too low.

In the sixteen years from 1950 to 1965, the total number of primary vaccinations carried out was 144,475. The age distribution of this total (excluding 189 whose age was not stated) may be expressed as follows :—

In 1965, of the City's population aged :—

Under 5 years,	26,283	or	24.2	per cent.	} have been vaccinated in the course of the sixteen years, 1950-1965.
10 years,	50,521	or	46.6	per cent.	
15 years,	43,310	or	44.1	per cent.	
Over 15 years,	24,172	or	3.5	per cent.	

Between 1960 and 1965 the proportion of children under one year of age vaccinated at the Child Welfare clinics was as follows :—

	No.	Percentage of Births.
1960	5,516	23.9
1961	5,439	23.8
1962	3,571	15.2
1963	42	0.2
1964	36	0.2
1965	53	0.5

The sudden decrease in 1963 and 1964 was the result of certain changes in the immunisation procedure which took effect in 1963 and are summarised as follows :—

The Secretary of State was advised that Outbreak Control alone will not necessarily prove effective in an unvaccinated population and routine vaccination against smallpox should, therefore, continue in early childhood and be offered to children in their first two years of life, preferably during the second year. New recommendations were therefore made by the Scottish Home and Health Department in December, 1962, on the timing of smallpox vaccination in infancy in relation to immunisation against other diseases, such as diphtheria,

pertussis and poliomyelitis. General Practitioners were also advised of these arrangements. The suggested time table is as follows :—

SCHEDULE P.

(WHEN ORAL POLIO VACCINE IS USED).

Age	Visit	Vaccine	Injection	Interval
1 to 6 months	1	Diphtheria, Pertussis, Tetanus	1 1	4-6 weeks
	2	Diphtheria, Pertussis, Tetanus	2 2	4-6 weeks
	3	Diphtheria, Pertussis, Tetanus	3 3	
7 to 11 months	4	Poliomyelitis 1	}	4-8 weeks
	5	Poliomyelitis 2		
	6	Poliomyelitis 3		
18 to 21 months	7	Diphtheria, Pertussis, Tetanus	4 4	
Smallpox during the first 2 years but preferably during the 2nd year				
School entry	*Poliomyelitis 4, Diphtheria and Tetanus			
8-12 years	Diphtheria and Tetanus Smallpox Re-vaccination			
Over 12 years	B.C.G. (see Note (i) of alternative Schedule P)			

* The need for maintenance doses of oral poliomyelitis vaccine has still to be determined.

The Secretary of State has now approved the giving simultaneously of triple antigen and oral poliomyelitis vaccine, preferably in the fourth, fifth or sixth month of life.

LEPROSY.

Under the Public Health (Infectious Diseases) (Scotland) Amendment Regulations of 1951, this disease became compulsorily notifiable from 1st September, 1951.

This is a disease of rare occurrence in this country and such cases as have been found in Glasgow were foreign seamen or students from tropical countries where this disease is prevalent. In the twenty years prior to notification only five cases came to the notice of this Department.

There was no case of this disease in 1965.

Since 1951 the incidence of the disease has been as follows :—

1951-1953	...	...	...	...	Nil
1954-1956	...	...	...	...	5
1957	...	...	...	...	1
1958	...	...	...	...	2
1959	...	...	...	...	2
1960-1962	...	...	...	...	Nil
1963	...	...	...	...	1
1964	...	...	...	...	Nil
1965	...	...	...	...	Nil

MALARIA.

This disease, like smallpox and leprosy, usually occurs in seamen or servicemen, returning to the City from abroad, or in foreign visitors. During 1965, there were only four cases, 3 males under 35 years of age and one under 45. There were no deaths. Incidence in recent years was as follows :—

(Average)	1930-38	...	...	15	1961	...	...	3
	1939-45	...	...	24	1962	...	...	4
	1946-50	...	...	30	1963	...	...	3
	1951-55	...	...	94	1964	...	...	2
	1956-60	...	...	9	1965	...	...	4

TYPHOID, PARATYPHOID AND DYSENTERY.

TYPHOID.

There were no registrations this year.

PARATYPHOID.

The number of infections registered this year was 41. The table gives the number of home and of institutional infections and their seasonal incidence.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Home Infections	3	3	28	2	36
Institutional	2	1	2	—	5

The third quarter is seen to have been the season of highest prevalence.

The following table shows the divisional distribution of the cases :—

	Central Division	Northern Division	Eastern Division	South- Eastern Division	South- Western Division	Total
Home Infections	4	17	7	4	4	36
Institutional	1	1	—	3	—	5

Twenty-three females and 18 males were affected. The age and sex distribution of the cases was as follows :—

	- 1 Year		- 5 Years		- 15 Years		- 55 Years		55+ Years		Total
	M	F	M	F	M	F	M	F	M	F	
Home Infections	—	—	6	4	1	—	8	10	2	5	36
Institutional	—	1	1	2	—	—	—	1	—	—	5

In August, the Medical Officer of Health of Blackpool notified this Department that a number of cases of paratyphoid B had occurred associated with an infected unpasteurised milk supply. Some 39 names of Glasgow persons who had visited Blackpool and may have consumed some of this milk were sent to us and these were followed up. Of these 39 contacts, 23 were found to be positive; one group of three cases were the only secondary cases found; they lived in the same house in Glasgow as the Blackpool contacts but had never left Glasgow.

The other registrations of paratyphoid B were of a sporadic nature. Each case was fully investigated; seven had been admitted to hospital with diagnoses such as measles, clinical dysentery, pyrexia of unknown origin and abdominal pain before the altered diagnosis of paratyphoid B was made.

There were no deaths.

CHRONIC CARRIERS.

There are now 12 City carriers. In Leverndale Hospital there are nine carriers. The lists now stand as follows :—

TYPHOID.

JW, Ward 5, Eastern Division.—Last tested in 1962 when found still to be positive.

EG, Ward 20, Central Division.—Classed as a faecal carrier, born 1901, she has refused to submit specimens since 1933. As her original illness had dated back merely to 1932, it is not certain that she is a chronic carrier.

MI, Ward 35, South-Eastern Division.—An immigrant, born 1912, who carries phage type O in his faeces, he was last tested in 1961, when he proved positive. His house is now occupied only by himself, his wife and their three sons. The other immigrants, formerly his housemates, have now found homes of their own.

PARATYPHOID.

MG, Ward 1, Eastern Division.—This woman, whose date of birth is 7.9.27, is a chronic faecal carrier of Paratyphoid B, phage type 1. She suffered from Paratyphoid in 1954. For some time we lost trace of her but she was found in 1963 at an address in Ward 12, Central Division, when she was admitted to a sanatorium as a case of Pulmonary Tuberculosis. She was immediately recommended for rehousing and was rehoused in the Eastern Division in May, 1963.

JL, Ward 17, Northern Division.—This man, born 1887, was visited in 1964 but refused to submit specimens.

ES, Ward 15, Northern Division.—She is the faecal carrier, born 1889, of phage type 1, whose first positive specimen had been a colostomy sample. She submitted four pairs of specimens, all the faeces specimens being reported positive. She still resides in the same excellent house with only one contact, her daughter, born 1915. The latter, who was inoculated with T.A.B. earlier in 1962, also submitted a pair of specimens. The urine was found positive; but as four subsequent pairs of specimens were negative, the first result was regarded as due to contamination. The daughter's specimens were negative in 1965. The mother's faeces specimen was positive in 1965, urine negative.

- JE, Ward 5, Eastern Division.*—A faecal and urinary carrier since 1933, born 1890, she was last tested in 1961, when she was positive.
- LM, Ward 23, Central Division.*—A faecal carrier, born 1892, he was last tested in 1939; still working in his shoemaker's business.
- DM, Ward 24, Central Division.*—This woman, born 1894 a faecal carrier of phage type 1, was tested and found positive this year.
- AL, Ward 27, South-Western Division.*—This woman, born 1902, a faecal carrier of phage type 3a was found to have a positive faeces and negative urine in December, 1965.
- JJ, Ward 35, South-Eastern Division.*—This woman, born 1904, a faecal carrier of phage types 1 and 2, was last tested and found positive in 1961.
- CM, Ward 32, South-Western Division.*—This woman was born in 1909. She is a faecal carrier of phage type 1. She again submitted specimens in 1965. The faecal specimen proved positive; the urine was negative.

FEMALE CARRIERS IN LEVERDALE HOSPITAL.

TYPHOID—

- MAB (born 1907)*—Faecal carrier since 1950. Phage type unknown. Last positive in 1961; 7 negative faeces and 7 negative urines during 1965.
- JC (born 1888)*—Faecal carrier since 1957. Phage type A. Last positive in 1964. Had four-week course of ampicillin in March, 1965; 7 negative faeces and 7 negative urines during 1965.
- EFC (born 1917)*—Faecal carrier since 1937. Phage type unknown. Last positive in 1957 but Vi titre of 1 : 80 suggests that she must still be regarded as a carrier; 7 negative faeces and 7 negative urines during 1965.
- MD (born 1892)*—Faecal carrier since 1935. Phage type A. Last positive in 1964. Had four-week course of ampicillin in March, 1965; 7 negative faeces and 7 negative urines during 1965.
- HM_cB (born 1895)*—Faecal carrier since 1923. Phage type unknown. Last positive in 1957 but Vi titre of 1 : 40 suggests she still requires observation; 7 negative faeces and 7 negative urines during 1965.
- WP (born 1890)*—Faecal carrier since 1937. Phage type unknown. Last positive in 1958 but Vi titre of 1 : 40 suggests she still requires observation; 7 negative faeces and 7 negative urines during 1965.
- ET (born 1893)*—Registered as a faecal carrier in 1931 but never found positive since then. A Vi titre of 1 : 10 makes it doubtful that she is still a carrier; 7 negative faeces and 7 negative urines during 1965.

PARATYPHOID—

- MM_cD (born 1883)*—Faecal and urinary carrier since 1932. Phage type unknown, but not found positive since 1956; 7 negative faeces and 7 negative urines during 1965.
- JM (born 1899)*—Faecal carrier since 1934. Phage type unknown. Last positive in 1961; 7 negative faeces and 7 negative urines during 1965.

In the City list one typhoid carrier and one paratyphoid carrier left Glasgow, namely :—

- RA, Ward 10, Northern Division*—Typhoid carrier; faecal specimens positive in 1964. He returned to Pakistan in November, 1965.
- AW, Ward 6, Eastern Division*—This woman, born 1903, a faecal and urinary carrier of paratyphoid, was last tested in 1945, when she was negative. She moved to Dundee in 1965.

DYSENTERY.

There were 2,104 registrations as compared with 2,584 in the previous year. Every ward in the City was again affected but as usual there were wide differences between the numbers registered in the various wards; for example, less than 10 cases each from Parkhead, Cowlairs and Camphill, while 167 cases were registered from Cowcaddens and 131 cases from Woodside. There was a relatively high incidence in Park, North Kelvin, Anderston, Exchange, Gorbals and Kinning Park. Other wards lightly affected with between 10 and 50 cases each were Langside, Govanhill, Pollokshields, Craigton, Fairfield, Yoker, Whiteinch, Partick West, Partick East, Kelvinside, Springburn, Mile End, Calton and Shettleston and Tollcross.

Seasonal incidence was as follows :—

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Home	545	456	459	506	1,966
Institutional	42	31	28	37	138

The first quarter was the worst.

More than half the non-institutional cases stayed at home, the number removed to hospital being 971 or 46·1 per cent.

The annual institutional figure for dysentery cases was low; 26 institutions were concerned—16 medical institutions, 7 children's institutions and three miscellaneous residential institutions. In eight instances only a single case was notified. The largest contribution came from a general hospital where there were 39 cases distributed over the year and from another general hospital where there were 21 cases in the year.

The following table shows the age distribution of the notifications :—

	- 1 Year	- 5 Years	- 15 Years	- 55 Years	+ 55 Years	Total
Home	205	1,002	407	304	48	1,966
Institutional	14	57	16	32	19	138

There were two deaths :—

A frail elderly woman aged 70 years who was a long term psychiatric case died in a mental hospital on 9.7.65. She had suffered from bacillary dysentery for two days and also bronchopneumonia for two days and from arterio-sclerotic dementia for the past two years.

A female child, aged 2 weeks, died from bacteraemic shock and Flexner dysentery on 11.12.65 in an infectious diseases hospital, having been transferred three days previously from the maternity unit of a general hospital.

BRUCELLOSIS (UNDULANT FEVER).

Enquiries made at all the bacteriological laboratories where the diagnosis of brucellosis might have been established have shown that only one recognised case occurred in Glasgow during 1965.

The patient was a 37-year-old police officer who, about a month after a holiday spent in Caithness, developed a pyrexia with headache and malaise. The diagnosis of brucellosis was made serologically, the agglutination titre for *Brucella abortus* being 1:2560. Blood cultures were negative. About ten days after the onset of his illness he was admitted to hospital, where he was given a course of tetracycline with good effect. He was discharged after being in hospital for nine days and on enquiry two months later it was learned that he had remained well.

While in Caithness he had drunk unpasteurised milk derived from a tuberculin-tested herd and on general sale to the public. The Medical Officer of Health for Caithness reports that about the time of the patient's visit to that area several samples of milk from that herd had positive ring tests and subsequently *Brucella abortus* was cultured from some specimens. Thereafter the milk was pasteurised. No human cases of brucellosis were diagnosed locally.

DIARRHOEA AND ENTERITIS.

These infections are not yet notifiable and, as information regarding their prevalence was not readily available, comment has up to 1952 been limited to the mortality from this infection in children under two years of age. The increasing prevalence of dysentery and food poisoning in recent years has focussed attention on all illness of this type, and from 1953 onwards, all cases of diarrhoea and enteritis coming to the attention of the Department have been recorded.

The following table shows the age distribution of all cases so recorded since 1961, but is not a complete picture of the incidence of diarrhoeal infection in the City :—

Age in Years	Age Distribution				
	1965	1964	1963	1962	1961
—1	309	401	406	360	332
—2	38	40	24	25	23
—5	25	11	8	13	10
5 and over ...	30	18	12	11	5
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	402	470	450	409	370
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

The seasonal distribution of cases in the past five years shows little variation :—

	1965	1964	1963	1962	1961
1st Quarter ...	114	91	97	74	76
2nd Quarter ...	91	132	100	111	106
3rd Quarter ...	99	141	141	131	118
4th Quarter ...	98	106	112	93	70
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	402	470	450	409	370
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Mortality from these infections has remained at a low level over the past three years and in 1965 was again reduced, from 1.29 per 1,000 births to 1.05.

In 1965, there were 22 deaths in all as against 29 in 1964 and 34 in 1963. Enteritis and colitis (under two years of age) accounted for 8 male and 11 female deaths (all but two under one year of age) and diarrhoea of the newborn for the death of one male and two females.

The decrease in the number of deaths and in the mortality rate since 1947 is shown in the following table which is based on figures compiled in this Department.

	Males		Females		Total	— 1 year per 1,000 Births
	— 1 year	— 2 years	— 1 year	— 2 years		
1947	339	5	221	9	574	22
1948	156	5	86	3	250	11
1949	100	13	57	6	176	7
1950	50	2	39	3	94	4
1957	7	—	16	—	23	1.0
1958	14	—	8	—	22	1.0
1959	26	1	16	—	43	1.85
1960	12	3	14	—	29	1.26
1963	12	2	20	—	34	1.41
1964	9	—	20	—	29	1.29
1965	8	1	12	1	22	1.05

Deaths from Enteritis and Colitis over two years of age numbered 31 as compared with 28 in 1964. Two were children between the ages of two and five years and one a young woman under 20 years. The other 28 were all over 35 years of age.

In the Registrar General's Return for 1965, Enteritis is one of a group of diseases "Gastritis, duodenitis, enteritis and colitis" of which only the combined total is given, and in different grouping as follows:—

	Males	Females	Both Sexes
Under 4 weeks ...	—	—	—
4 weeks ...	8	9	17
1 year ...	2	3	5
and each quinquennial over 5 years ...	10	26	36
	<u>20</u>	<u>38</u>	<u>58</u>

Diarrhoea of the Newborn, which is not included in these figures is not shown separately but is merged with other causes in the group "Infections of the Newborn".

FOOD POISONING.

The number of incidents of food poisoning notified to the Department during 1965 was 100. During the past three years the number of incidents notified to this Department has been falling steadily; this year this fall has been accompanied by a decrease in the number of cases.

	Incidents			Cases		
	1963	1964	1965	1963	1964	1965
Community Outbreaks	7	11	6	88	281	60
Family Outbreaks	31	36	26	85	115	84
Sporadic ...	101	77	68	101	77	68
Total ...	<u>139</u>	<u>124</u>	<u>100</u>	<u>274</u>	<u>473</u>	<u>212</u>

The seasonal incidence did not show the usual pattern of an increase during the summer and autumn months.

SEASONAL INCIDENCE.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Community Outbreaks ...	—	2	—	—	—	—	1	—	1	1	—	1
Cases ...	—	24	—	—	—	—	2	—	9	22	—	3
Family Outbreaks ...	1	1	4	2	2	1	1	3	1	7	2	1
Cases ...	6	2	13	7	4	2	5	11	4	18	10	2
Sporadic Cases	4	2	2	4	7	6	6	9	7	7	11	3

There was a large community outbreak in the month of February involving 22 people (12 of whom lived outside the City) who suffered abdominal pain and diarrhoea 12-16 hours after eating a meal. The main item which every member of the party who was affected had was

roast turkey. The turkeys used were six frozen birds which were cooked the previous day, cut on the day of the function and reheated quickly. The cause of the outbreak remained unknown as there were no left-over foods to be examined. Bacteriological specimens submitted by six of the ten persons in Glasgow were negative for *Dysenteriae*, *Salmonellae* and *Clostridium welchii*. Two people refused to submit specimens and two others failed to do so.

A second community outbreak, involving 22 people, occurred during the month of October. These people experienced pain and diarrhoea 8-12 hours after eating lamb. This lamb which had been obtained on 22nd October was suspected. It had been immediately boiled and thereafter put into the refrigerator and taken out on 25th October at 11 a.m., cut and served cold at lunch time. Bacteriological examination of a sample of this lamb grew *Clostridium welchii*; no *Salmonellae* or *Staphylococci* were isolated. Faeces from the persons affected revealed the presence of *Clostridium welchii* in twelve.

The majority of family and sporadic cases were caused by *Salmonellae* infection, the dominant organism being *Salmonellae typhimurium*, which was isolated in 62 out of a total of 87 cases of *Salmonellae* infection.

During the month of November, 7 cases of food poisoning due to *Salmonella typhimurium* occurred in the one family. The mother and two of her children aged three years and four years experienced abdominal pain and diarrhoea; three other members of the family who were symptomless and whose ages were four months, five years and six years produced positive *Salmonella typhimurium* specimens, and her other child aged one year produced a positive specimen in December. A private nurse connected with the family also produced a positive *Salmonella typhimurium* specimen. The source of the infection was not discovered.

TYPE OF ORGANISM.

	Family Outbreaks Incidents	Outbreaks Cases	Community Outbreaks Incidents	Outbreaks Cases	Sporadic Cases	Total Cases
<i>Salmonellae</i> ...	8	37	—	—	50	87
<i>Staphylococcus</i>						
(<i>Aureus</i>) ...	—	—	1	9	1	10
(<i>Toxin</i>) ...	—	—	—	—	—	—
<i>Clostridium</i>						
<i>welchii</i> ...	—	—	1	22	—	22
Unknown ...	18	47	4	29	17	93
Total ...	26	84	6	60	68	212

Several unusual strains of Salmonellae made their appearance or re-appearance in the City. In this group were Salm.montevideo, Salm.goettingen, Salm.enteritidis var. jena.

SALMONELLA ORGANISMS.

Salmonella—					
anatum	...	...	...	...	2
budapest	...	...	...	...	1
decur	...	...	...	...	1
dublin	...	...	...	...	4
enteritidis var. jena	...	...	...	...	5
goettingen	...	...	...	...	1
infantis	...	...	...	...	3
montevideo	...	...	...	...	1
thompson	...	...	...	...	1
typhimurium	...	...	...	...	62
unidentified	...	...	...	...	6
					<hr/>
Total	...	...	...	...	87
					<hr/> <hr/>

No deaths were reported as a result of food poisoning during 1965.

The toxic type of poisoning due to multiplication of Staphylococcus aureus in food was less common. Ten cases occurred this year in a school kitchen ; coagulase positive Staphylococci were isolated from the brisket beef which was left over. Staphylococcus aureus was not isolated from the patients ; the clinical grounds were sufficient to make out the probable cause of the poisoning as being due to Staphylococcus aureus.

1965 showed an improvement both in the incidence and in the number of cases of food poisoning but it was still disappointing from the view of investigation. Only 119 cases were classified aetiologically but the aetiology of the remaining 93 cases remained unknown.

SCARLET FEVER.

Scarlet fever was made notifiable by the Infectious Disease (Notification) Act, 1889, which was adopted in Glasgow in 1890. 1965 was thus the seventy-fifth complete year of notification. From the beginning of notification to 1957 the smallest number of cases in any year was 970 in 1905. For 42 years after the great boundary extension of 1912 the lowest annual figure was 1,327 in 1918. Even as recently as 1952 there were 2,712 cases in one year, 1,817 of them treated in fever hospitals. 1958's figure of 967 was the lowest recorded up to that date, but in 1965 there were only 240 cases, the smallest number ever recorded and less than a quarter of the record low figure of only seven

years previously. Only 55 patients (22.9 per cent.) were treated in hospital, the smallest number and the smallest percentage on record.

The incidence of this disease during the last five years is set out below :—

		Total Cases	Treated in Fever Hospitals	Treated in Other Institutions	Treated at Home
1961	...	417	139	6	272
1962	...	278	117	1	160
1963	...	274	91	—	183
1964	...	353	95	2	256
1965	...	240	52	3	185

Of the 240 patients, 111 (46.2 per cent.) were under the age of five, though only 4 were under the age of one, and 6 were aged between one and two; 125 (52.1 per cent.) were aged between five and fifteen years; and 4 (1.7 per cent.) were over fifteen, none being over thirty-five. One hundred and one were aged between two and five and 105 between five and ten, so 206 (85.8 per cent.) were between two and ten.

The seasonal incidence is shown in Appendix Table XIV.

No cases occurred in the Kinning Park Ward. The Exchange, Hutchesontown and Kingston Wards had one case each, and the Townhead, Park and Fairfield Wards two cases each. Three wards had more than 15 cases each: Knightswood (23 cases), Ruchill (17 cases) and Cathcart (17 cases).

There have been no deaths from scarlet fever since 1956.

ERYSIPELAS.

The decline in the incidence of this disease continued in 1965 when there were 29 cases compared with 38 in 1964 and 51 in 1963. Instead of the usual preponderance of female cases there were more male than female cases in 1965.

The age distribution of the 29 cases was as follows :—

— 15 years	...	1	— 45 years	...	6
— 25 years	...	2	— 65 years	...	11
— 35 years	...	4	+ 65 years	...	5

There were no deaths in 1965.

The decline in mortality in recent years is as follows :—

		Deaths			Deaths
1930-39 (average)	...	46	1957	...	1
1940-45 do.	...	8	1958-1960	...	—
1946-50 do.	...	6	1961-1964	...	1
1951-56 do.	...	1	1965	...	—

PUERPERAL FEVER AND PYREXIA.

As in previous years these conditions have been discussed in the section "Maternity and Child Welfare" (page 123). As a result of alterations in the International Classification of Causes of Deaths, deaths from these two infections no longer appear under separate headings in the "Short List" but are now included in the group "Complications of Pregnancy, Childbirth and Puerperium".

DIPHTHERIA.

Apart from one fatal imported case in 1964, there have been no cases of diphtheria in Glasgow since 1956 and no deaths from this disease since 1954.

The following table, apart from its historical interest, graphically represents a lesson in the value of intensive preventive medicine.

Year	Cases	Deaths
1940	5,190	226
1941	4,039	155
1942	3,325	90
1943	2,919	81
1944	2,377	62
1945	1,970	33
1946	1,458	37
1947	502	13
1948	286	8
1949	154*	5
1950	86	—
1951	134*	4
1952	86	7
1953	50	—
1954	12*	1
1955	2	—
1956	1	—
1957-1965	—	—

(* Includes carriers—3 in 1949, 4 in 1951 and 2 in 1954).

Immunisation.—The following table shows the number of children who completed a primary course of diphtheria immunisation in 1965. The 1964 figures are shown for comparison.

Vaccine used	Under 5 years		Over 5 years	
	1965	1964	1965	1964
Diphtheria only ...	2	3	1	1
Diphtheria and Pertussis	39	72	—	5
Diphtheria and Tetanus	128	165	7,137	10,880
Pertussis, Diphtheria and Tetanus	12,456	12,296	117	132
	<hr/>	<hr/>	<hr/>	<hr/>
	12,625	12,536	7,255	11,018
	<hr/>	<hr/>	<hr/>	<hr/>
All ages ...	1965 = 19,880	1964 = 23,554		

The numbers who received maintenance inoculations in these two years were as follows :—

	Under 5 years		Over 5 years	
	1965	1964	1965	1964
Diphtheria	1	—	5	27
Diphtheria and Pertussis	1	12	—	23
Diphtheria and Tetanus	129	133	9,260	1,450
Pertussis, Diphtheria and Tetanus	2,972	2,377	412	505
	<hr/>		<hr/>	
	3,103	2,522	9,677	2,005
	<hr/>		<hr/>	
All ages ...	1965=12,780		1964=4,527	

See also page 157 of the School Health Service section of this Report.

Reference has already been made elsewhere in this Report (page 211) to the new recommendations made in December, 1962, regarding the timing of immunisation in Childhood.

DISEASES OF THE CENTRAL NERVOUS SYSTEM.

CEREBROSPINAL FEVER (MENINGOCOCCAL INFECTION).

There was another decrease in the incidence of this disease in 1965, there being 38 cases registered compared with 44 in 1964. The figure for 1965 is the lowest number ever recorded in the City.

The age incidence was :—

Under 1 year	1-5 years	5-15 years	Over 15 years
20	13	2	3

The cases were distributed throughout the City with no significantly high incidence in any municipal ward.

As in previous years the highest incidence occurred during the first and second quarters of the year.

Deaths from Meningococcal infection.—There were five deaths recorded compared with seven in 1964. Two of the deaths were under one year and the remaining three between one and five years. There is this year no disparity between the deaths as derived from the Department's records and that from the Registrar General's Returns.

The incidence and fatality rate from Meningococcal infection from 1951 is :—

Year	Cases Registered	Deaths	Fatality Rate per cent.
1951	126	15	12
1952	101	10	10
1953	123	12	10
1954	90	16	18
1955	96	13	13
1956	66	8	12
1957	57	9	16
1958	72	10	14
1959	77	4	5
1960	52	10	19
1961	68	7	10
1962	59	4	7
1963	50	5	10
1964	44	7	16
1965	38	5	13

It will be seen that although there has been a continual fall in the incidence of meningococcal infection the number of deaths remains significantly high and the disease is still a significant cause of death. As it no longer appears to occur in epidemic form and is almost unknown amongst contacts of patients there is little hope that the incidence can be reduced by Public Health measures. The disease appears to be more a problem of susceptibility to infection than prevalence of infection.

POLIOMYELITIS.

There was no case of poliomyelitis in the City during the year 1965. This is the third year in succession that the City has been free from poliomyelitis.

A study of the annual figures of the incidence of poliomyelitis appears to indicate that the disease comes in waves and that the main impact is every four years. This would mean that cases could be anticipated to occur during 1966. As it is estimated that there are some 44,000 children between the ages of six months and four years who have not received polio vaccine, a campaign using mobile clinics was started in the Spring of 1966, to ensure that as many as possible of the City's infants are protected against poliomyelitis. With such a simple and effective weapon as oral polio vaccine it would be a tragedy to permit a preventable disease to strike the City seriously again.

VIRUS MENINGITIS.

(LYMPHOCYTIC OR ASEPTIC MENINGITIS).

Virus meningitis is usually a mild disease, and although recognised as a clinical entity, the condition is caused by a multiplicity of viruses, many of which are responsible for a transitory infection of the alimentary tract. A few of these viruses can attack the central nervous system and give rise to a degree of paralysis or paresis—a clinical picture very similar to that found in poliomyelitis.

During the year 1965 there were 69 cases of virus meningitis occurring in the City. Cases treated in Glasgow hospitals but arising outside the City were not included in this analysis. There was a dramatic fall in the number of cases this year compared to 1963 and 1964 when the number of cases was 228 and 150 respectively.

The improved techniques in virology permit a more accurate identification of the viruses implicated and the following table sets out the viruses causing virus meningitis according to age and sex of the case :—

	Age Group Sex	—1		—2		—5		—10		—15		—25		—35		—45		—65		Total		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Mumps	...	...	—	—	—	—	1	—	2	3	—	—	1	—	1	1	—	—	—	—	5	4	9
Coxsackie	A9	...	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	2	1	3
	B3	...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2
	B4	...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
	B5	...	1	1	—	—	2	1	2	1	—	2	—	1	—	1	—	—	—	1	5	8	13
	B6	...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
ECHO	1	...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	6	...	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
	9	...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	27	...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Adenovirus	...	...	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	2	—	2
Virus unidentified	...	...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Presumed viral (virology negative)	...	...	1	—	—	—	3	1	4	2	3	3	3	3	3	5	1	—	—	—	18	14	32
		<hr/> 3 1 — 1 7 3 13 8 3 5 5 5 6 7 1 — — 1 38 31 69 <hr/>																					

Of the total 69 cases there were 38 males and 31 females, indicating a slightly greater male incidence. Children and young persons were affected principally, with 39 cases occurring between the ages 2 years to 15 years. There was one case over 45 years of age and only five cases under 2 years of age.

The viruses of mumps and Coxsackie accounted for the majority of the cases. Mumps, with nine cases, continues to feature prominently and Coxsackie virus type B5 accounted for 13 cases. The prevalence of these viruses varies from year to year. In 1964 there was an outbreak of 50 cases of ECHO virus type 9 and in 1963 there were 28 cases of

ECHO virus type 4. The chart indicates the number of cases occurring annually.

Virus	1961	1962	1963	1964	1965
Mumps ...	16	6	19	34	9
Coxsackie type A2 ...	—	—	—	2	—
A7 ...	4	—	12	3	—
A8 ...	—	—	—	1	—
A9 ...	—	4	3	9	3
A14 ...	—	—	2	—	—
B2 ...	1	—	3	7	—
B3 ...	—	—	—	2	2
B4 ...	2	—	2	6	1
B5 ...	—	1	3	1	13
B6 ...	2	—	1	1	1
B1-6 ... (Polyvalent)	—	—	2	—	—
ECHO type 1 ...	—	—	—	—	1
2 ...	—	2	—	—	—
4 ...	—	—	28	4	—
5 ...	—	—	—	1	—
6 ...	2	2	1	—	2
7 ...	—	1	1	4	—
8 ...	—	—	—	1	—
9 ...	—	2	—	50	1
10 ...	—	—	—	—	—
11 ...	—	—	6	4	—
14 ...	—	—	1	2	—
25 ...	—	—	—	3	—
27 ...	—	—	—	—	1
Adeno-virus ...	1	1	6	6	2
Herpes simplex ...	—	—	—	8	—
Respiratory-Syncytial ...	—	—	—	1	—
Unclassified ...	—	1	—	—	1
Unidentified ...	41	—	8	—	32
No virus found ...	—	—	130	—	—
Total ...	69	20	228	150	69

The majority of cases of virus meningitis occurred between the months of May to October, the highest number being in June. Mumps tended to occur sporadically throughout the year which is in contrast to previous years when the incidence was greatest during the early months of the year.

SEASONAL DISTRIBUTION.

Month	Mumps Virus	Cox. B5 Virus	ECHO Virus	Other Viruses	Not Identified	Total
January ...	1	—	—	—	—	1
February ...	—	—	—	—	2	2
March ...	2	—	—	—	1	3
April ...	—	—	—	2	1	3
May ...	2	1	—	—	3	6
June ...	1	5	—	—	9	15
July ...	1	2	2	2	4	11
August ...	—	3	1	1	2	7
September ...	—	—	1	2	4	7
October ...	1	2	—	2	2	7
November ...	—	—	1	—	2	3
December ...	1	—	—	1	2	4

Cases of virus meningitis were scattered throughout the City but with no significant distribution.

DISTRIBUTION BY WARDS.

No Cases	1 Case	2 Cases	3 Cases	4 Cases
1, 6, 11,	2, 3, 29,	8, 10, 16,	4, 5, 18,	7, 9, 16,
15, 21,	31, 34,	13, 14, 17,	20, 24, 35	
22, 26,	36	19, 23, 25,		
28, 30,		27, 33		
32				

POLIOMYELITIS VACCINATION.

Primary courses of vaccine were given to 18,274 persons during the year, 17,981 having oral vaccine and 293 inactivated vaccine (41 of the 293 having two injections of Salk vaccine and 252 three injections of quadruple vaccine), while 18,611 persons received a reinforcing dose of oral vaccine and 111 a reinforcing dose of inactivated vaccine. In all, 73,503 doses of vaccine were given, 72,554 doses of oral vaccine and 949 injections of inactivated vaccine. Included in these figures are the results of the October campaign of the School Health Service, when 2,587 children of five and six years entering school were given a primary course of oral vaccine and 16,148 children received a reinforcing dose of oral vaccine.

As in former years special measures were taken in April, May and June to increase the number of young children vaccinated. By mass publicity and personal approach parents were encouraged to seek protection for their children. The percentages of first attendances for vaccination at the Child Welfare Clinics were in the first quarter 18·8, in the second quarter 38·7, in the third quarter 26·3 and in the fourth quarter 16·2.

The approximate vaccination position for the City at 31.12.65 is given in the following table. The data are cumulative and are affected by loss of population by migration, by persons having primary courses of both inactivated and oral vaccine, and by persons residing outwith the City but vaccinated at a City centre. It is reasonable to assume that over 90 per cent. of the 15-19 age group and over 70 per cent. of the 20-29 age group have been protected.

POLIOMYELITIS VACCINATION POSITION AT 31ST DECEMBER, 1965.

Age	Vaccinated with		Totals	Per cent. of Estimated Population
	(a) Two Injections of Salk Vaccine or Three Injections of Quadruple Vaccine	(b) Three Doses of Oral Vaccine		
Under 1 year	89	2,413	2,502	12.4
1 year	249	11,358	11,607	53.4
2 years	377	12,160	12,537	57.3
3 years	363	13,105	13,468	59.3
4 years	5,624	11,418	17,042	77.0
5-19 years	236,100	38,192	274,292	90. + *
20-29 years	88,588	26,268	114,856	70. - *
Others	61,663	63,517	125,180	—
	<u>393,053</u>	<u>178,431</u>	<u>571,484</u>	

* Data affected by migration, persons having both inactivated and oral vaccine, and persons vaccinated in but living outwith the City.

ESTIMATED PERCENTAGE OF CHILDREN FROM ONE TO FOUR YEARS HAVING HAD A PRIMARY COURSE OF VACCINATION.

	(a) at 31.12.64	(b) at 31.12.65
1 year	49.7	53.4
2 years	55.4	57.3
3 years	75.2	59.3
4 years	81.6	77.0

While the rate of vaccination has been maintained in children under school age, the proportion of children aged three and four years protected has fallen and in 1966 a further fall can be expected in children aged four years with the present rate of vaccination.

In all some 156,577 persons have received a reinforcing dose of vaccine to a primary or basic course of immunisation, mainly children entering school, while some 332,180 persons have completed their basic course of immunisation with inactivated vaccine.

ENCEPHALITIS.

Viral Encephalitis.—There have been only sporadic cases of this infection since the small outbreak which occurred in 1937.

There were no cases in 1965 and no deaths.

Post-Encephalitis Lethargica.—A group of cases, 23 in number, the remaining survivors of a Glasgow epidemic which affected 70 persons in all, has been under the continuous supervision of Dr. Ashie

Main since 1923. There were no deaths during the year. The following tables show the physical capacity of the remaining 22 cases in the Spring of 1966 :—

PHYSICAL CONDITION.

	Males	Females	Total
Fit for housework	—	6	6
Fit for employment	5	—	5
Unfit but going about	2	3	5
Bedridden at home	—	—	—
Cases in General Hospital	2	—	2
Cases in Mental Hospital	2	—	2
Cases untraced	1	1	2
	<u>12</u>	<u>10</u>	<u>22</u>

These cases are classified as follows

		Spring 1966	Spring 1965
Group I.	Recovery complete	3	3
Group II.	Recovery incomplete :—		
	Class A. Mental Retardation...	1	1
	Class B. Mental Instability ...	1	1
	Class C. Nervous Instability ...	9	11
		10	12
Group III.	Perversion of Conduct	—	—
Group IV.	Parkinsonians :—		
	Class A. Normal Mentality ...	3	2
	Class B. Abnormal Mentality ...	5	8
		5	7
Group V.	Died	—	1
		<u>22</u>	<u>23</u>

There has been little change in the condition of these cases during the past year, some have improved but in two cases there was further deterioration. A 62-year-old woman in Group II (C)—Nervous Instability—became Parkinsonian and was transferred to Group IV (A) and a 57-year-old woman in the same category became mentally and physically unable to care for herself at home.

MEASLES.

Measles is not notifiable in Scotland and cases are registered mainly on information received from Head Teachers and School Attendance Officers and the figures are therefore incomplete, but they give a reasonably accurate picture of the incidence in the school age group. There were 1,332 registered cases in 1965, a decrease of 985 from the previous year ; 183 cases were admitted to hospital. There were no

deaths. Practically all the cases occurred in the first two quarters, the high incidence in the last quarter of 1964 continuing into the first two quarters of 1965.

Measles vaccines have now become available for those doctors who wish to use them. At this time there are no detailed recommendations concerning age groups, vaccination schedules, or special categories of children whom it would be reasonable to consider for immunisation against measles.

The recorded incidence of Measles during the last five years was :—

Year	Registered Cases	Deaths	Fatality per cent.
1961	6,190	6	0.09
1962	2,066	2	0.09
1963	2,296	3	0.13
1964	2,317	3	0.13
1965	1,332	—	—

The quarterly percentage incidence of measles during 1965 and the previous two years was :—

PERCENTAGE OF YEAR'S TOTAL.

	1963	1964	1965
1st quarter	69	11	71
2nd quarter	23	25	25
3rd quarter	2	11	2
4th quarter	6	53	2

The age and sex distribution in 1965 was :—

Age	Male	Female	Total
—1	18	23	41
—5	188	181	369
—15	463	457	920
15+	1	1	2
	<u>670</u>	<u>662</u>	<u>1,332</u>

RUBELLA.

(GERMAN MEASLES).

Rubella is not notifiable and, as in measles, cases are registered mainly on information from school sources. There were 35 cases registered in 1965 as compared with 245 in 1964.

The incidence of Rubella must be much higher than that suggested by the above figures, as it is recognised that the majority of persons have become immune due to natural infection before they reach adult life.

The illness itself is usually trivial and its importance is due only to the high incidence of foetal damage which occurs when women develop it during the first three months of pregnancy. It is estimated that 10 per cent. of the children thus born suffer a congenital abnormality, the main defects being congenital heart defect, cataract, deafness. Accuracy of diagnosis is therefore important among the contacts of pregnant women, but it is obviously undesirable to protect children from becoming infected and therefore immune in adult life.

The age and sex distribution was :—

Age	Male	Female	Total
-1	1	—	1
-5	—	8	8
-15	16	8	24
15+	2	—	2
	<hr/>	<hr/>	<hr/>
	19	16	35
	<hr/>	<hr/>	<hr/>

WHOOPING COUGH.

There was a further decrease in the incidence of whooping cough in 1965, 459 cases being notified compared with 751 cases in 1964. Of the 1965 cases, 14 per cent. were under one year of age and 37 per cent. between one and five years ; 76 cases were admitted to hospital and there were no deaths. There have thus been no deaths in four out of the past five years.

The annual incidence of whooping cough since 1940 has been :—

	Cases	Deaths	Fatality per cent.
Average 1940-44	4,463	92	2.06
Average 1945-49	3,321	32	0.96
Average 1950-54	4,794	13	0.26
Average 1955-59	2,276	3	0.11
Average 1960-64	1,657	1	0.07
1960	3,745	4	0.11
1961	824	—	—
1962	272	—	—
1963	2,695	2	0.07
1964	751	—	—
1965	459	—	—

This shows that the incidence of whooping cough appears to be falling gradually and the number of deaths has fallen very markedly specially since 1955. This fall coincides with both the more extensive use of whooping cough vaccination and the introduction of effective antibiotic treatment of the disease and its complications.

Vaccination against Whooping Cough.—The number of children given a primary course of vaccination against whooping cough in 1965 is shown in the section on Diphtheria Immunisation, page 222. Approximately half the population under five years has been protected against whooping cough. It is not considered necessary to vaccinate children over five years against whooping cough.

CHICKENPOX.

There were 2,431 cases of chickenpox in 1965, a decrease of 816 cases compared with 1964.

The incidence of this disease in the last thirty-one years is shown as follows :—

1930-39 (average)	...	...	...	6,354
1940-49 (average)	...	...	...	5,377
1950-54 (average)	...	...	...	7,154
1955-59 (average)	...	...	...	5,109
1960	...	...	...	8,989
1961	...	...	...	3,180
1962	...	...	...	3,558
1963	...	...	...	2,149
1964	...	...	...	3,247
1965	...	...	...	2,431

Cases are removed to hospital only in special circumstances, e.g., when occurring in institutions, children's homes, etc. During 1965, 100 cases were removed to hospital. The disease is probably much more prevalent than the bookings indicate, for it is mostly on information obtained from school attendance officers that cases are registered. The distribution throughout the City was as follows :—

Central	...	...	...	...	362
North	...	...	...	...	400
East	...	...	...	...	304
South-east	...	...	...	...	803
South-west	...	...	...	...	516
Institutions and Harbour	...	...	...	...	46
					<hr/> 2,431 <hr/>

The wards chiefly affected were Cathcart (341) and Pollokshaws (234) in the South-East; Knightswood (146) in central; Maryhill (124) in North; Provan (122) in the East; and in the South-West—Fairfield (136), Govan (117) and Kinning Park (103).

More than half the cases (1,229) occurred in the first quarter of the year, incidence reaching a peak in March, with 563 cases. There were no deaths in 1965.

PEMPHIGUS NEONATORUM.

For the fourth year in succession no cases of this disease were reported. In 1961 there were 12 cases and as recently as 1959, 44.

RABIES.

No case of rabies is known to have occurred, but in 1965 the number of instances of persons having been bitten by dogs or other animals reported to the police for investigation was considerable

During 1965, 607 persons were bitten by dogs, 26 seriously enough to require stitching of the wound. In 1964 there were 596 and in 1963, 631. One person was bitten by a monkey.

TRACHOMA.

Trachoma was made notifiable in Glasgow in 1914 under the provisions of the Infectious Diseases (Notification) Act, 1889, and in the table below is shown the number of cases notified and the number verified each year for the past six years.

Year			Number of New Cases Notified	Definite
1960	...	...	4	4
1961	...	...	—	—
1962	...	...	3	3
1963	...	...	5	5
1964	...	...	2	2
1965	...	...	2	2

The two new cases notified in 1965 were an Indian male and female respectively, not however related. The male especially appeared to have had the condition for some time and there is little doubt they were both infected abroad.

During the year two died and four were transferred to other areas leaving 60 cases on the register at the end of 1965.

NUMBER OF CASES ON REGISTER.

Year			Definite Cases	Total
1960	...	...	79	79
1961	...	...	74	74
1962	...	...	67	67
1963	...	...	67	67
1964	...	...	64	64
1965	...	...	60	60

At the special clinic patients made a total of 686 attendances and during the same period the nurse made 128 home visits. No home contacts developed the disease during the year and no patients required treatment in hospital.

ANTHRAX.

Two cases occurred in 1965. These are the first cases to be reported since Anthrax became notifiable in 1960 under the Public Health (Infectious Diseases) (Scotland) Amendment Regulations, 1960.

One case was a cutaneous lesion on the back of the neck in an individual who works in a carpet factory where there is a possible risk due to the type of materials in use.

The second case involved a tannery worker, who developed multiple lesions on his right fingers, arm, forearm, shoulder and extending to the right chest wall. There was considerable oedema which persisted for several months and resulted in a loss of power in the right hand during this period. This was an unusual and interesting case due to the multiple cutaneous lesions instead of the normal single malignant pustule.

INFECTIONS DUE TO *L. ICTERO-HAEMORRHAGIAE* AND *L. CANICOLA*.

Leptospira ictero-haemorrhagiae (Weil's Disease).—There was one case of Weil's Disease notified during 1965.

The incidence of this disease since 1955 is shown as follows (Glasgow cases only) :—

1955	...	1	1961	...	—
1956	...	4	1962	...	2
1957	...	—	1963	...	—
1958	...	—	1964	...	1
1959	...	1	1965	...	1
1960	...	—			

A boy of 16 was admitted to hospital on 15th June with a four-day history of haematuria, having had two previous episodes, the first in December, 1964, and the second in the early part of 1965. A diagnosis of Weil's Disease was established, his blood antibody titre being 1:3,000 for *Leptospira ictero-haemorrhagiae* and 1:100 for *Leptospira canicola*. There was stated to be the presence of rats at his place of employment where he had worked for one year.

Infection due to Leptospira Canicola.—Four cases of leptospira canicola occurred in 1965.

The incidence of *L. canicola* since 1955 is shown as follows :—

1955	...	—	1961	...	1
1956	...	—	1962	...	2
1957	...	—	1963	...	6
1958	...	3	1964	...	4
1959	...	1	1965	...	4
1960	...	2			

A piggery worker of 18 was admitted to hospital on 8th June with abdominal pain and diarrhoea and after investigation a diagnosis of *L. canicola* was established, the Schuffner test giving a titre of 1:3,000 to *L. canicola*.

The second case was a schoolgirl of 13, who was admitted to hospital on 7th July with a provisional diagnosis of aseptic meningitis. Virological studies in relation to leptospirosis by means of complement fixation tests are carried out now in all cases of aseptic meningitis in this infectious disease hospital. Complement fixation results on two samples of blood one month apart showed a rising titre from 1:32 to 1:128 for *L. canicola*. Agglutination tests (Schuffner) on the same blood samples showed a rising titre from 1:100 to 1:30,000. This girl had an Alsatian dog which was ill previous to her own illness. The dog strayed and was not examined.

A boy aged 4 years was admitted to hospital on 17th October with a history of febrile illness for one week. He was found to have a meningitis which was considered to be probably meningococcal and was dismissed home well in two weeks after treatment. Routine serological tests carried out when he was in hospital included complement fixation tests for leptospiral infection, and after dismissal from hospital it was known that the titre had risen from 1:32 to 1:128 to *L. canicola*. A Schuffner test was then carried out and found negative but when repeated approximately eight weeks from the date of sickening it had risen to 1:10,000 to *L. canicola*. It was found that this child had been playing with a neighbour's dog which was said to be well. Blood from this dog was examined by a veterinary surgeon on two occasions and the dog was found to have a rising titre to *L. canicola*, which proved it to be suffering from active leptospiral infection and confirmed it as the source of the child's illness.

The fourth case was a plasterer's labourer admitted to hospital on 5th October with a history of sore throat, frontal headache and photophobia, and agglutination tests showed a rising titre from 1:100 to 1:30,000 to *L. canicola*. This man possessed a dog which was ill at this

time and was put down two days after the patient's admission to hospital.

SCABIES.

The fall in the number of cases noted during the past few years continues and this year affects both the number of families and the number of cases. The former has declined by 202 and the latter by 487.

The following table shows the position in 1965 in each of the five Divisions, as compared with the previous year :—

Division	No. of Families		No. of Cases	
	1965	1964	1965	1964
Central	79	92	160	206
Northern	136	182	290	355
Eastern	109	178	297	474
South-Eastern	86	145	170	334
South-Western	50	65	85	120
	<u>460</u>	<u>662</u>	<u>1,002</u>	<u>1,489</u>

INFLUENZA.

There was no significant outbreak during the year 1965 although evidence from virological investigation shows that the disease was present in the City to an apparently greater extent than in 1964. There were 17 deaths from influenza, almost the same number as in 1964. As the disease is not notifiable an estimate of its incidence must be taken from the following sources :—

1. Isolation of virus or identification by significant rise in titre—
from the weekly reports from laboratories in the Western Region.
2. New claims for sickness benefits made to the Ministry of Pensions and National Insurance.
3. Notified cases of Influenzal Pneumonia.

Influenza virus type A was predominant during the year especially during the second and third quarters but there also appears to be evidence that type B was also present in significant numbers. The total number of identifications of influenza and para-influenza virus for the year is very much greater than in 1964.

ISOLATION OR IDENTIFICATION OF VIRUS, 1965.

	Para-influenza virus			Influenza virus							Total				
	Serology			Isolation			Serology					Isolation			
	1	2	3	1	2	3	A	A2	B	C		A	A2	B	C
1st Qtr.	7	—	4	1	—	6	28	—	3	3	—	—	—	—	52
2nd Qtr.	28	—	—	1	—	2	65	—	41	3	—	2	—	—	142
3rd Qtr.	13	—	1	—	—	1	49	—	1	1	—	1	1	—	68
4th Qtr.	14	—	4	—	—	1	5	—	1	—	—	—	—	—	25
	<u>62</u>	<u>—</u>	<u>9</u>	<u>2</u>	<u>—</u>	<u>10</u>	<u>147</u>	<u>—</u>	<u>46</u>	<u>7</u>	<u>—</u>	<u>3</u>	<u>1</u>	<u>—</u>	<u>187</u>

WEEKLY RETURNS OF NEW CLAIMS FOR SICKNESS BENEFIT.

The number of new claims for sickness benefit made in Glasgow each week during the year normally runs in the region of between five and seven thousand. More than 7,000 new claims were made on only seven occasions during 1965—one week in January, two weeks in February, two weeks in March, one week in November and one week in December. On only one occasion (in January) did the figures exceed 8,000 and on no occasion did they exceed 9,000. There was thus no evidence of a serious epidemic of influenza as indicated by a very large increase from the normal number of new claims for sickness benefit. However, the number of claims mounted rapidly during the first quarter of 1966 reaching a level of 17,000 in one week during February when there was an outbreak due to influenza virus of both types A and B. Details of this will be given in the 1966 Annual Report, but there was no evidence that this outbreak commenced during 1965.

The seasonal distribution of notified cases of influenzal pneumonia was not significant because of the small number of five cases, this being the lowest number ever recorded. It is recognised of course that these figures do not give any reliable indication of the incidence of influenzal pneumonia as most cases of pneumonia due to influenza are never notified.

SEASONAL DISTRIBUTION OF NOTIFIED CASES OF
INFLUENZAL PNEUMONIA, 1965.

January	...	...	2
February	...	...	2
March	...	...	1
Rest of year	...	...	—
			—
			5
			—

DEATHS FROM INFLUENZA (REGISTRAR GENERAL'S FIGURES) 1965.

The deaths from influenza numbered 17, almost all in the older age groups.

Under 1 year	...	...	1
35-45 years	...	...	1
55-66 years	...	...	5
Over 65 years	...	...	10
			—
			17
			—

The available figures are not an accurate indication of the true incidence of the disease in the community but it can be seen that there was no serious outbreak of influenza during 1965 although there was definite evidence of the presence of the influenza virus in the City.

RESPIRATORY DISEASE OTHER THAN TUBERCULOSIS.

In 1965, 2,121 cases of primary pneumonia and five cases of influenzal pneumonia were notified, the corresponding figures for 1964 being 2,223 and 10.

Eighty-nine per cent. of persons notified were treated in hospital. Notifications of primary pneumonia and the number and percentage treated in hospital are shown in Table A.

TABLE A.
NOTIFICATIONS OF PRIMARY PNEUMONIA AND
NUMBER TREATED IN HOSPITAL.

Age in Years				Notifications of Primary Pneumonia	Number Treated in Hospital	Percentage Treated in Hospital
Under 1	...	...	...	520	487	93.7
1-4	...	...	...	341	325	95.3
5-44	...	...	...	339	285	84.1
45-64	...	...	...	379	323	85.2
65 and over	...	...	...	542	468	86.3
All Ages	...	...	...	<u>2,121</u>	<u>1,888</u>	<u>89.0</u>

Four of the five cases of influenzal pneumonia notified were treated in hospital.

Table B gives the age and sex distribution of the notifications of primary pneumonia.

TABLE B.
NOTIFICATIONS OF PRIMARY PNEUMONIA,
AGE AND SEX DISTRIBUTION.

Age in Years	Male		Per- centage of Total	Female		Per- centage of Total	Notifi- cations for both Sexes	Per- centage of Total
	Notifi- cations	...		Notifi- cations	...			
Under 1...	...	305	25.0	215	23.8	520	24.5	
1-4	...	212	17.4	129	14.3	341	16.1	
5-44	...	193	15.8	146	16.2	339	16.0	
45-64	...	248	20.4	131	14.5	379	17.9	
65 and over	...	261	21.4	281	31.2	542	25.5	
All Ages	...	<u>1,219</u>	<u>100.0</u>	<u>902</u>	<u>100.0</u>	<u>2,121</u>	<u>100.0</u>	

Notifications of pneumonia are higher in males than in females, the ratio being 1.351:1. Over the age of 65 there were 20 more females than males notified.

TABLE C.

AGE AND PERCENTAGE DISTRIBUTION OF THE NOTIFICATIONS OF PRIMARY PNEUMONIA FOR THE YEARS 1963, 1964 AND 1965.

Age in Years	1963		1964		1965	
	Notifi- cations	Per- centage of Total	Notifi- cations	Per- centage of Total	Notifi- cations	Per- centage of Total
Under 1 ...	841	22.7	459	20.6	520	24.5
1-4 ...	598	16.1	354	15.9	341	16.1
5-44 ...	608	16.4	477	21.5	339	16.0
45-64 ...	726	19.6	447	20.1	379	17.9
65 and over ...	935	25.2	486	21.9	542	25.5
All Ages	3,708	100.0	2,223	100.0	2,121	100.0

Notifications in 1965 were 102 less than in 1964, a rise of 61 under one year and of 56 at 65 years and over being more than compensated by a fall of 13 at ages 1-4 years, of 138 at ages 5-44 years and of 68 at ages 45-64 years. Notifications largely reflect the request for hospital treatment.

Notifications and deaths from primary pneumonia and deaths from bronchitis were highest in the first quarter and lowest in the third. The quarterly incidence of deaths in Table D, extracted from the Registrar General's Quarterly Return, shows an increase of 95 over the 1964 figure, with increases of 20 in the first quarter, 26 in the second quarter, 8 in the third quarter and 41 in the fourth quarter. Deaths from bronchitis increased by 61 in the first quarter, fell by 15 in the second, rose by 19 in the third and fell by 58 in the fourth.

TABLE D.

QUARTERLY INCIDENCE OF *NOTIFICATIONS AND

† DEATHS OF PRIMARY PNEUMONIA AND INFLUENZAL PNEUMONIA AND OF DEATHS FROM BRONCHITIS.

(* Departmental Data. † Registrar General's Quarterly Returns).

Period	Primary Pneumonia				Influenza		Bronchitis	
	Notifi- cations	% of Total	Deaths	% of Total	Notifi- cations	Deaths	Deaths	% of Total
1st Quarter	750	35.3	176	33.4	5	—	326	39.9
2nd Quarter	468	22.1	122	23.1	—	1	150	18.4
3rd Quarter	286	13.5	78	14.8	—	—	134	16.4
4th Quarter	617	29.1	151	28.7	—	6	207	25.3
	2,121	100.0	527	100.0	5	7	817	100.0

The death rate per million for respiratory diseases other than tuberculosis was 1,450. The corresponding rates for 1964, 1963 and 1962 were 1,311, 1,774 and 1,368.

TABLE E.

DEATHS FROM RESPIRATORY DISEASE OTHER THAN TUBERCULOSIS.
(REGISTRAR GENERAL'S ANNUAL REPORTS).

Year	Pneumonia (excluding Pneumonia of the newborn)	Bronchitis	Influenza	Other Respiratory Diseases	Totals
1951	558	814	191	117	1,680
1952	545	736	113	130	1,524
1953	408	641	70	96	1,215
1954	429	562	23	93	1,107
1955	539	721	39	91	1,390
1956	574	697	43	82	1,396
1957	587	628	174	72	1,461
1958	600	856	35	92	1,583
1959	693	943	89	78	1,803
1960	513	708	23	78	1,322
1961	645	762	75	86	1,568
1962	519	810	25	75	1,429
1963	729	946	52	99	1,826
1964	428	808	16	83	1,335
1965	533	814	17	87	1,451

The yearly incidence of deaths from pneumonia, bronchitis, influenza and "other respiratory diseases", excluding tuberculosis, from 1951 onwards is shown in Table E. This data, taken from the Annual Returns, varies slightly from that provided by the Quarterly Returns as in Table D.

TABLE F.

DEATHS FROM PNEUMONIA AND BRONCHITIS
AND DEATH RATES PER 100,000 OF THE ESTIMATED POPULATION
FOR THE PUBLIC HEALTH DIVISIONS OF THE CITY.

(Based on Departmental data. Institutional Deaths have been excluded.)

Division	Pneumonia		Bronchitis		Death Rate per 100,000 of Estimated Population	
	Number	Per Cent.	Number	Per Cent.	Pneumonia	Bronchitis
Eastern ...	118	26.7	168	22.0	50.2	71.5
Northern ...	90	20.4	160	20.9	46.0	81.7
Central ...	80	18.1	163	21.3	38.5	78.5
South-Eastern ...	90	20.4	129	16.9	42.7	61.2
South-Western ...	64	14.4	145	18.9	42.2	95.7
	442*	100.0	765†	100.0	44.2	76.4

* Does not include 73 institutional deaths.

† Does not include 53 institutional deaths.

Table F, based on departmental data, when compared with the corresponding table for 1964 showed some increase in the deaths from pneumonia in the Eastern and South-Eastern Divisions, of pneumonia and bronchitis in the Central Division and of bronchitis in the South-Western Division.

The age and sex distribution of the deaths from pneumonia and bronchitis are given in Table G.

TABLE G.
DEATHS FROM PNEUMONIA AND BRONCHITIS—1965
AGE AND SEX DISTRIBUTION.

(Percentages of Column Totals given in brackets).

(Data from Registrar General's Annual Report).

Age in Years	PNEUMONIA			BRONCHITIS		
	Male	Female	Both Sexes	Male	Female	Both Sexes
Under 1 ...	36 (13.8)	36 (13.2)	72 (13.5)	8 (1.3)	5 (2.3)	13 (1.6)
1-4 ...	9 (3.5)	4 (1.5)	13 (2.4)	—	1 (0.5)	1 (0.1)
5-44 ...	10 (3.9)	5 (1.8)	15 (2.8)	15 (2.5)	6 (2.8)	21 (2.6)
45-64 ...	50 (19.2)	23 (8.4)	73 (13.7)	214 (35.9)	65 (29.9)	279 (34.3)
65 and over ...	155 (59.6)	205 (75.1)	360 (67.6)	360 (60.3)	140 (64.5)	500 (61.4)
All Ages ...	260(100.0)	273(100.0)	533(100.0)	597(100.0)	217(100.0)	814(100.0)

Of the male deaths from pneumonia, 78.8 per cent. were over 45 years and 59.6 per cent. over 65 years, and of the female deaths 83.5 per cent. and 75.1 per cent. Of the male deaths from bronchitis 96.2 per cent. were over 45 years and 60.3 per cent. over 65 years, and of the female deaths 94.4 per cent. and 64.5 per cent. The ratio of male to female deaths from pneumonia was for the age-group 45-64 2.17, and for the age-group 65 and over 0.77, the corresponding ratios for bronchitis being 3.24 and 2.57.

TABLE H.
PROPORTIONATE MORTALITY PER CENT. OF *DEATHS FROM ALL CAUSES,
OF *DEATHS FROM PNEUMONIA, INFLUENZA AND BRONCHITIS.

Columns (1), (4), (7)—Deaths from All Causes
(2), (5), (8)—Deaths from Pneumonia, Influenza and Bronchitis
(3), (6), (9)—Proportionate Mortality Per Cent.

Age in years—	MALE			FEMALE			BOTH SEXES		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Under 1 ...	321	45	14.0	266	41	15.4	587	86	14.7
1-4 ...	58	9	15.5	26	5	19.2	84	14	16.7
5-44 ...	455	25	5.5	292	12	4.1	747	37	5.0
45-64 ...	2,249	268	11.9	1,363	89	6.5	3,612	357	9.9
65 and over ...	3,540	518	14.6	4,191	352	8.4	7,731	870	11.3
All ages ...	6,623	865	13.1	6,138	499	8.1	12,761	1,364	10.9
All ages, 1964	6,569	800	12.2	5,708	452	7.9	12,277	1,252	10.2

*Data from Registrar General's Annual Report.

Table I gives for comparison the death-rates from pneumonia and bronchitis for Glasgow and other cities in Scotland and England for the years 1962, 1963 and 1964. The rates for pneumonia and bronchitis in the Scottish cities are lower than in the English cities quoted with the exception of the bronchitis rate for Glasgow which in 1963 was above the rate for Birmingham and in 1964 above the rates for Birmingham and Liverpool.

TABLE I.
DEATH-RATES PER 100,000 OF THE POPULATION FOR
PNEUMONIA AND BRONCHITIS FOR SCOTLAND,
THE SCOTTISH AND CERTAIN ENGLISH CITIES.

	Pneumonia			Bronchitis		
	Death Rate per 100,000			Death Rate per 100,000		
	1962	1963	1964	1962	1963	1964
*Scotland ...	42.5	57.4	33.4	47.6	58.6	51.2
*Aberdeen ...	33.9	58.6	28.1	36.6	40.3	50.8
*Dundee ...	55.0	70.6	40.5	51.2	58.1	53.4
*Edinburgh ...	59.1	70.3	42.0	45.4	54.4	58.3
*Glasgow ...	49.5	70.3	42.0	77.2	91.3	79.3
†Birmingham ...	72.5	82.5	72.1	84.0	77.7	72.3
†Liverpool ...	100.1	108.5	105.0	106.9	101.6	74.1
†Manchester ...	70.7	70.6	54.5	144.0	131.4	98.4
†Leeds ...	87.6	92.6	78.5	95.0	102.6	81.0
†Salford ...	91.5	115.4	70.5	167.5	141.6	117.1
†Oldham ...	84.6	78.8	71.0	137.8	148.8	109.2

These figures are based on data from—

* Registrar General's Annual Reports for Scotland.

† Registrar General (England and Wales) Statistical Reviews.

Mycoplasma pneumoniae.—There is some evidence that mycoplasma pneumoniae may be occasionally the cause of pneumonia. It has been identified as the causal organism of cold agglutinin positive primary atypical pneumonia, manifested as a severe febrile illness with respiratory involvement and is one cause of non-bacterial pneumonia. Non-bacterial pneumonia may be caused by a variety of micro-organisms, mainly viral. *Mycoplasma pneumoniae*, however, is not a virus. The mycoplasmas form a group of micro-organisms which have features which distinguish them from viruses on the one hand and bacteria on the other. Unlike the viruses they can multiply outside living cells and have not the rigid wall of bacteria. They are resistant to penicillin but sensitive to a number of antibiotics. *Mycoplasma pneumoniae* is the only mycoplasma known to be pathogenic to man, though certain other apparently harmless mycoplasmas may be potentially pathogenic.

During 1965 some increase in the serological diagnosis of infection with mycoplasma pneumoniae was noted in the weekly reports of the

laboratories of the Western Region to the Public Health Laboratory Service.

The following table shows the recorded incidence of infections with mycoplasma pneumoniae and with some of the viruses more commonly associated with respiratory infections during 1965.

DATA FROM WEEKLY REPORTS FOR 1965 OF THE
LABORATORIES IN THE WESTERN REGION.

Clinical Group	Mycoplasma Pneumoniae	Adeno- virus	Respiratory Syncytial Virus	Influenza Virus	Para- influenza Virus
Pneumonia	21	47	101	55	20
Bronchitis	5	14	51	20	7
Respiratory Infection— mainly upper respiratory	84	35	49	82	23
Pyrexia or Influenza ...	29	16	10	31	8
Other Condition	16	43	9	13	14
	<u>155</u>	<u>155</u>	<u>220</u>	<u>201</u>	<u>72</u>

TUBERCULOSIS.

THE GENERAL TREND OF TUBERCULOSIS.

Incidence.—The figures which follow indicate that it has been a good year of low incidence of tuberculosis. There were 721 cases of pulmonary tuberculosis notified in 1965 compared with 814 in 1964 and 863 in 1963. There were 104 cases of non-pulmonary tuberculosis compared with 135 in 1964 and 116 in 1963. The trends of incidence are shown below.

	Pulmonary	Non-Pulmonary	Total
1935-39 (Average)	1,650	657	2,307
1940-44 do.	2,367	690	3,057
1945-49 do.	2,674	468	3,231
1950-54 do.	2,297	312	2,609
1955	2,181	278	2,459
1956	2,024	193	2,217
1957	3,925	172	4,097
1958	1,340	167	1,507
1959	1,159	120	1,279
1960	1,092	109	1,201
1961	1,021	137	1,158
1962	927	117	1,044
1963	863	116	979
1964	814	135	949
1965	721	104	825

There was a reduction of 93 in the pulmonary total, representing a decrease of 11·4 per cent. compared with 1964. The decrease was only 5·7 per cent. in 1964, so that the progress made in 1965 was twice as large. The incidence has not shown such an improvement since the effects of the 1957 campaign were evident in the figures.

The increase in non-pulmonary disease last year was commented upon. It has been suggested that this was due to more complete notification. Pulmonary disease is concentrated at the chest clinics, whereas non-pulmonary is dispersed through many hospital units and notification is sometimes omitted. Improved notification may have been a factor in the apparent rise since 1960. If so, it is the more welcome to see only 104 non-pulmonary notifications in 1965—the lowest recorded figure.

The following table shows the age and sex distribution of the cases notified in 1965 with the corresponding 1964 figures alongside for comparison :—

Age Groups	Pulmonary				Non-Pulmonary			
	Males		Females		Males		Females	
	1965	1964	1965	1964	1965	1964	1965	1964
— 5 ...	10	6	9	9	1	3	1	—
—15 ...	14	30	10	27	7	4	3	4
—25 ...	43	57	35	49	12	11	11	21
—35 ...	60	85	42	69	6	14	19	18
—45 ...	66	80	50	43	7	4	9	10
—55 ...	95	78	32	32	3	6	8	12
—65 ...	130	115	25	22	4	1	3	4
+ 65 ...	78	91	22	21	3	4	7	12
	<u>496</u>	<u>542</u>	<u>225</u>	<u>272</u>	<u>43</u>	<u>47</u>	<u>61</u>	<u>81</u>

Male cases of pulmonary disease dropped by 46 and female cases by 47. Relatively the female improvement is the greater so that in 1965 the female incidence is less than half that of the males.

The improvement in both sexes continues to be in the younger age groups. It will be seen that cases in females over 35 years of age have slightly increased. In males between 45 and 65 years there is a considerable increase. Men of over 45 accounted for 303 cases which is 42 per cent. of all cases in the City. Men above middle-age are now firmly established as the high risk group in the population.

This was very much in mind when carrying out the health survey of men over 45 years in July, 1965. Four thousand men attended for the check up which included an X-ray of the chest. As a result, fourteen men were found to have active tuberculosis and were notified and put on treatment. Two others were already receiving treatment. Forty-three men were put under observation at the chest clinics with appointments for repeat X-rays, that is, they were considered to be inactive at present. As in 1957, but to a much lesser extent, the survey gave an increased notification in the current year. The fourteen cases notified are included in the above figures. The benefit arises from earlier treatment for the patient and the control of sources of infection within the community.

Comment was made in last year's report about the special survey of tuberculin testing carried out in children. In 1965 only 13-year-olds were tested during the school B.C.G. campaign. Positive reactors were 19·7 per cent. of the 14,382 children tested. Up till 1964 there was a steady decline in positive reactors to a level of 16·5 per cent. The increase in 1965 is considered to be due to infant B.C.G. vaccination which was started 13 years previously. This means that tuberculin testing can no longer be used as an index of the level of natural infection. Additional information is included in the section of the Report dealing with B.C.G. vaccination.

PULMONARY TUBERCULOSIS.

Incidence.—The case rate per 100,000 in Glasgow is shown for certain years along with the comparative incidence in other large towns in Scotland and England.

PULMONARY TUBERCULOSIS : GLASGOW AND OTHER LARGE TOWNS.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Glasgow ...	203	189	367	126	109	103	97	89	84	80	72
Edinburgh ...	136	129	90	148	59	55	56	47	48	37	39
Aberdeen ...	109	123	171	52	73	48	46	34	26	26	30
Dundee ...	161	140	148	252	135	57	71	63	67	49	50
Liverpool ...	139	131	133	104	215	58	54	59	53	37	34
Manchester ...	96	86	88	78	71	59	58	59	47	49	48
Birmingham ...	103	93	77	84	64	71	64	65	56	57	51

The continued fall in Glasgow is now narrowing the gap between our incidence and that of other cities. Some of the latter show an incidence which is practically level over the past few years.

Mortality.—There were 140 deaths from pulmonary tuberculosis in 1965 compared with 139 in 1964. The corresponding death rates per 100,000 of population were 14·0 in 1965 and 13·6 in 1964. The increase is not significant. The death rate is still lagging far behind other cities as will be seen from the following table. Again the older men account for a high proportion of the deaths. One-hundred and one of the 140 deaths were in males and of these 74 were males over 55 years of age.

The rates shown below have been computed on the Registrar General's standard.

PULMONARY TUBERCULOSIS : GLASGOW AND OTHER LARGE TOWNS.

DEATH RATES PER 100,000 — 1955-1965.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Glasgow ...	28	25	24	26	20	19	18	18	21	14	14
Edinburgh ...	10	9	7	6	4	5	3	3	3	2	3
Aberdeen ...	8	10	5	7	6	5	5	2	4	1	3
Dundee ...	15	14	9	10	7	5	6	3	7	4	2
Liverpool ...	24	18	16	14	14	11	11	10	7	5	6
Manchester ...	19	15	14	10	12	12	8	11	8	8	7
Birmingham ...	19	14	12	13	9	7	7	7	7	5	4

PULMONARY TUBERCULOSIS
GLASGOW and SCOTLAND

Deathrates per 100,000

Rate
per
100,000

SINCE 1936



NON-PULMONARY AND DISSEMINATED TUBERCULOSIS.

Incidence.—There were 104 cases of non-pulmonary tuberculosis in 1965 compared with 135 in 1964 and 116 in 1963. The corresponding rates per 100,000 were 10 in 1965, 13 in 1964 and 11 in 1963. Included in the 104 were two cases of tuberculous meningitis. The ratio, therefore, is 1 to 52.

NON-PULMONARY NOTIFICATIONS.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Total Cases ...	278	193	172	167	120	109	137	117	116	135	104
Meningitis only ...	42	22	23	15	9	6	7	8	11	4	2
Ratio ...	6.6	8.8	7.5	11.1	13.9	18.2	19.6	14.6	10.5	33.8	52.0

Tuberculous meningitis is now a rare disease. The above table shows how it has declined over a period of a few years. The small numbers of meningitis make the calculated ratio of little significance. The two cases were males and both were more than five years old.

TUBERCULOUS MENINGITIS : NOTIFICATIONS 1955 TO 1965.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
<i>Males—</i>											
0-1 ...	1	1	1	1	—	—	1	—	—	—	—
1-5 ...	9	3	6	1	2	1	1	2	2	—	—
Over 5 ...	13	2	3	8	2	1	1	3	2	3	2
<i>Females—</i>											
0-1 ...	1	1	—	—	—	—	—	—	—	—	—
1-5 ...	6	4	2	1	—	2	—	—	2	—	—
Over 5 ...	12	11	11	4	5	2	4	3	5	1	—
	<u>42</u>	<u>22</u>	<u>23</u>	<u>15</u>	<u>9</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>11</u>	<u>4</u>	<u>2</u>

Mortality.—In 1965 there were eight deaths from non-pulmonary tuberculosis compared with nine in 1964, and the death rate therefore showed little change; 0.8 per 100,000 in 1965 and 0.9 per 100,000 in 1964.

Intimation of Primary Tuberculosis.—Intimations of primary tuberculosis in children again decreased from 12 cases in 1964 to six cases in 1965, comprising three boys and three girls. On the other hand, the table of notifications earlier in this Report shows an increase in notifications under five years from 15 to 19. As has been explained in previous Reports these two groups are interchangeable. Combining the totals there was a small decrease in child cases from 27 to 25.

GLASGOW—CASES OF PULMONARY TUBERCULOSIS NOTIFIED AND DEATH-RATE PER MILLION IN EACH MUNICIPAL WARD DURING 1965 AND 1964.

	Pulmonary Cases				Death-Rate*	
	Males		Females		Both Sexes	
	1965	1964	1965	1964	1965	1964
Shettleston and Tollcross	22	12	3	10	308	47
Parkhead	5	17	5	12	382	125
Dalmarnock	16	14	10	15	186	142
Calton	7	19	6	9	60	60
Mile-End	16	10	5	8	313	37
Dennistoun	7	8	6	—	313	177
Provan	27	42	11	24	49	122
Cowlairs	6	10	3	4	149	96
Springburn	14	13	8	4	63	217
Townhead	14	10	10	9	315	42
Exchange	10	6	3	3	663	372
Anderston	13	17	9	5	130	353
Park	10	16	8	5	—	176
Cowcaddens	5	6	5	7	347	64
Woodside	7	8	—	6	140	—
Ruchill	15	16	10	4	162	231
North Kelvin	10	12	4	3	145	374
Maryhill	12	14	6	7	172	304
Kelvinside	6	8	4	2	51	51
Partick (East)	5	6	3	7	54	106
Partick (West)	7	9	4	7	162	52
Whiteinch	10	8	4	3	—	51
Yoker	9	12	6	2	142	77
Knightswood	16	17	11	15	188	93
Hutchesontown	6	18	4	8	442	196
Gorbals	15	20	6	9	323	101
Kingston	8	4	6	8	124	524
Kinning Park	16	13	4	4	—	198
Govan	11	8	8	10	90	127
Fairfield	6	2	2	2	214	52
Craigton	10	15	1	2	142	143
Pollokshields	14	16	6	10	—	142
Camphill	9	5	5	3	54	106
Pollokshaws	33	20	11	13	63	125
Govanhill	9	14	6	8	44	218
Langside	7	18	3	2	118	156
Cathcart	26	23	16	19	96	80
Institutions	57	64	3	3	—	—
Harbour	—	2	—	—	—	—
Total for City ...	496	542	225	272	164	153

* M.O.H. figures.

A satisfactory feature of the above table is that several of the wards where notified cases were formerly numerous show a fall in 1965. For example, in the Eastern Division, Parkhead Ward had ten cases compared with 29, Calton had 13 compared with 28, and Provan had 38 compared with 66. The neighbouring wards of Gorbals and Hutchesontown also show a considerable decrease. No ward shows a comparable increase, the worst being Pollokshaws where notified cases

numbered 44 against 33 for the previous year. It will be noted in respect of the death rates that four wards were without a death from pulmonary tuberculosis in 1965. The higher rates are accounted for by small numbers of deaths, for example, six in Hutesontown gives a rate of 442 per million.

B.C.G. VACCINATION.

The total number of vaccinations performed showed a small increase from 27,263 in 1964 to 27,312 in 1965. Contact vaccinations surprisingly increased from 632 to 738. There was also an increase in infant vaccinations but the number of scholars vaccinated was less.

Schools Campaign.—The annual campaign for vaccination of 13-year-old scholars was completed between October and December with the customary co-operation of the teaching staffs which is greatly appreciated.

Vaccinations were carried out in 114 schools. Consent forms were sent to the parents of 15,729 pupils, 121 more than in 1964. There was an excellent response in that 15,196 consents were obtained, equal to 96.6 per cent. of the forms issued. This compares with 94.9 per cent. in the previous year. This success reflects credit on the health visitors who visited 573 homes to collect consents and were successful in obtaining 368 of these. There was a loss of 5.4 per cent. of the children due to absence from school and 14,382 Mantoux tests were read, of which 11,555 were negative reactors. The final number of vaccinations given was 11,542.

The negative reactor rate was 80.3 per cent. compared with 83.5 per cent. in 1964 and 83.0 per cent. in 1963. To put the matter the other way round—the positively reacting 13-year-olds were 16.5 per cent. of the age group in 1964 which was the lowest recorded figure. For the first time the trend has been reversed and positive reactors in 1965 formed 19.7 per cent. of the age group. This was not unexpected. Large scale infant vaccination was begun in 1952 when 2,085 newborn infants were given B.C.G. out of 20,337 births, i.e. just over 10 per cent. of the infant population. This 10 per cent., disregarding migration, were included in the 13-year-old scholar group of 1965. With this in mind, the consent form for school B.C.G. sent to parents in 1965 was revised to obtain information about previous B.C.G. Parents were asked to state whether the scholar had had B.C.G. previously, either in infancy or later, and were given a choice of answers—"Yes"; "No"; "Don't know". The great majority of parents answered the question as requested. The information about previous B.C.G. and the Mantoux results have been correlated for a sample of the 13-year-old population.

The sample was made by taking schools in alphabetical order from Adelphi Terrace to Eastbank. This amounted to seventeen schools and 2,776 scholars. A brief statistical summary of the findings is given below. The sample did not turn out to be typical of the complete 13-year-old population as regards tuberculin sensitivity; the percentage of Mantoux positive being only 17.9 per cent. in the sample compared with 19.7 per cent. for the City.

			% of Sample	Previous B.C.G.	% given B.C.G.
Total Sample	...	2,776	100.0	575	20.7
Mantoux Negative	...	2,280	82.1	267	11.7
Mantoux Positive...	...	496	17.9	308	62.1

Among the 575 children previously given B.C.G., roughly half were vaccinated as newborn infants and the other half when they were older. Of these 575 children 267 (equal to 46.4 per cent.) were Mantoux negative. Assuming that all children were converted to Mantoux positive by B.C.G., and this is certainly not true in all cases, then 46.4 per cent. had reverted to Mantoux negative at the age of 13 years. These children are revaccinated at the school campaign. Of the 496 Mantoux positive children 308 had a history of B.C.G. vaccination. It is presumed that their tuberculin sensitivity was due in the first place to the B.C.G. although in many of them natural infection will have reinforced the positive result. The remaining 188 (496 minus 308) are taken to be those whose positive Mantoux result is due entirely to natural infection. They are the infected individuals in a population of 2,468 (2,776 minus 308) 13-year-old children and form 7.6 per cent. of this population. To sum up, on the basis of this sample tuberculosis infection in unvaccinated 13-year-olds in Glasgow is of the order of eight per cent.

The other work which is linked to the school campaign is the supervision of the positive reactors who are X-rayed and particularly the large positives. In 1964 those with large reactions were asked to attend the chest clinics. In 1965 this was again done but a large reaction was defined as being over 25mm. in diameter. In 1964 the 20mm. dividing line was used. This was intended to reduce the work somewhat for the health visitors. In this the plan was unsuccessful and large reactors numbered 431 in 1965 compared with 426 in 1964. These 431 came from a total of 2,827 positive Mantoux reactors. All were given the chance of attending the chest clinics for supervision and many were given suppressive drug therapy. These are healthy teenagers who feel fit and, as can be imagined, many of them tire quickly of taking pills. From spot checks taken at the chest clinics the numbers failing to take the drugs may be as many as half of those attending. The value of this scheme must be kept under consideration.

A statistical account of the 1965 campaign is now set out.

SCHOOLS B.C.G. CAMPAIGN—1965.

1. PUBLIC RESPONSE—PARENTAL CONSENT TO VACCINATION.

	Schools	Pupils	Consents	% Response
Public Schools ...	108	15,389	14,872	96.6
Private Schools ...	6	340	324	95.3
	<u>114</u>	<u>15,729</u>	<u>15,196</u>	<u>96.6</u>

2. LOSS DUE TO ABSENCE FROM SCHOOL.

	(1) Consents	No. Absent 1st Visit	% of (1)	No. Tested	No. Absent 2nd Visit	% of (1)	Total No. Absent	% of (1)	No. of Tests Read
Public Schools	14,872	609	4.1	14,263	201	1.4	810	5.4	14,062
Private Schools	324	3	0.9	321	1	0.3	4	1.2	320
	<u>15,196</u>	<u>612</u>	<u>4.0</u>	<u>14,584</u>	<u>202</u>	<u>1.3</u>	<u>814</u>	<u>5.4</u>	<u>14,382</u>

3. RESULTS OF MANTOUX TESTS.

MALE—

	Tests	Positive	Per Cent.	Negative	Per Cent.
Public Schools ...	7,060	1,511	21.4	5,549	78.6
Private Schools ...	135	12	8.9	123	91.1
Total ...	<u>7,195</u>	<u>1,523</u>	<u>21.2</u>	<u>5,672</u>	<u>78.8</u>

FEMALE—

Public Schools ...	7,002	1,286	18.4	5,716	81.6
Private Schools ...	185	18	9.7	167	90.3
Total ...	<u>7,187</u>	<u>1,304</u>	<u>18.1</u>	<u>5,883</u>	<u>81.9</u>
All Results ...	<u>14,382</u>	<u>2,827</u>	<u>19.7</u>	<u>11,555</u>	<u>80.3</u>

4. B.C.G. VACCINATION.

	Negative Reactors	Not Vaccinated	Per Cent.	Vaccinated
MALE—				
Public Schools ...	5,549	8	0.1	5,541
Private Schools ...	123	—	—	123
Total ...	<u>5,672</u>	<u>8</u>	<u>0.1</u>	<u>5,664</u>
FEMALE—				
Public Schools ...	5,716	5	0.1	5,711
Private Schools ...	167	—	—	167
Total ...	<u>5,883</u>	<u>5</u>	<u>0.1</u>	<u>5,878</u>
Both Sexes ...	<u>11,555</u>	<u>13</u>	<u>0.1</u>	<u>11,542</u>

Routine Vaccination Scheme.—As in previous years the coverage of contacts of tuberculosis under 15 years of age by B.C.G. vaccination was very thorough. Because of the decreasing notifications contact work has tended to shrink but this year there was a small increase.

The addition of 27,312 vaccinations brings the cumulative total to 293,941 vaccinations performed since 1950. Looking at this large total it is realised that a high proportion of the younger population in Glasgow have received the protection given by B.C.G.

B.C.G. VACCINATIONS — GLASGOW, 1950/1965.

Group	Centre	1950/60	1961	1962	1963	1964	1965	Total
Indoor Contacts	Moffat Street ...	877	9	3	6	—	—	895
	Carnbooth ...	542	12	6	5	2	3	570
	Millbrae ...	607	33	32	19	10	15	716
N.B. Infants	Millbrae ...	991	9	9	2	11	16	1,038
Total ...		3,017	63	50	32	23	34	3,219
Outdoor Contacts	Health & Welfare Dept.	15,617	1,128	1,008	999	632	738	20,122
	R.H.S.C. ...	1,009	—	—	—	—	—	1,009
Total ...		16,626	1,127	1,008	999	632	738	21,131
Nurses	Hospitals ...	1,873	112	174	89	71	119	2,438
	Langside College Trainees	139	18	6	14	16	45	238
	Logan and Johnston Trainees ...	138	28	28	30	23	33	280
	H.V. Trainees ...	15	3	—	—	—	—	18
Total ...		2,165	161	208	133	110	197	2,974
Students	University ...	702	28	36	44	32	—	842
	Others ...	87	6	—	—	—	—	93
Total ...		789	34	36	44	32	—	935
Total Primary Groups ...		22,597	1,386	1,302	1,208	797	969	28,259

Group	Centre	1950/60	1961	1962	1963	1964	1965	Total
N.B. Infants	Maternity Hospital ...	17,219	3,128	2,890	3,040	3,153	2,899	32,329
	Robroyston Hospital ...	10,580	1,637	1,658	1,677	1,149	1,769	18,470
	Stobhill Hospital ...	7,690	1,363	1,361	1,315	1,266	1,591	16,586
	Western District Hosp.	5,918	1,091	1,361	1,278	1,289	828	11,765
	Southern General Hosp.	2,736	714	573	723	685	474	5,905
	Eastern District Hosp.	1,912	769	488	479	641	533	4,822
	Redlands Hospital ...	1,640	603	485	340	586	726	4,362
	Maternity Hospital— Ross Annexe ...	4,481	1,958	1,720	1,838	1,553	1,531	13,081

Group N.B.	Centre	1950/60	1961	1962	1963	1964	1965	Total
	Belvidere Hospital ...	—	—	485	749	585	783	2,602
	Queen Mother's Hospital ...	—	—	—	—	1,424	1,660	3,084
	Total ...	54,176	11,263	11,021	11,439	12,313	12,794	113,006
Scholars	Schools ...	73,766	12,443	12,111	12,007	11,723	11,542	133,592
Others	Various ...	8,153	1,886	2,400	2,208	2,430	2,007	19,084
	Total ...	81,919	14,329	14,511	14,215	14,153	13,549	152,676
Total Secondary Groups		136,095	25,592	25,532	25,654	26,466	26,343	265,682
Total All Groups		158,692	26,978	26,834	26,862	27,263	27,312	293,941

Cumulative Total = 293,941

X-RAY SECTION.

The big event of the year for the X-ray section was the survey of men over 45 years carried out during the Glasgow Fair Fortnight. On the first evening, a Tuesday, over 400 men were X-rayed in our Department. This took from 6 p.m. till nearly midnight. This was hard work for the staff but the examinations might have been finished earlier had it not been for the X-ray tube overheating. In the latter part of the evening frequent stops had to be made to allow the machine to recover. For the remaining eight evenings of the campaign a mobile unit of the Mass Radiography Service was parked at 20 Cochrane Street and shared the work. This meant that between 200 and 250 miniature X-rays were taken per unit per evening. This worked well and the staff and those who came for examination were able to set out for home about 9.30 p.m. In spite of the overheating, the X-ray plant continued to work well during the campaign, but shortly afterwards in the late summer and autumn there was considerable trouble with the machine. Various components became worn out and had to be replaced. For several weeks it was difficult to obtain good X-ray films. This is very trying for the staff and especially the radiographer. The difficulties were overcome just before Mrs. Hoyland resigned her post as radiographer in December. Miss Mulholland was appointed in her place.

As a result of this survey the number of X-rays taken by the unit was higher than for several years. There was, however, a reduction in the number of school teachers attending of some 600 compared with 1964.

The following table shows the recall rates :—

	Males	Females	Total
Miniatures ...	6,548	4,391	10,939
Recalls ...	395	236	631
Recall Rate ...	6.0%	5.4%	5.8%

The corresponding rates in 1964 were 5·7 per cent. (male), 4·2 per cent. (female) and 4·9 per cent. (total). The increase in recall rates can be explained to a considerable extent by the malfunctioning of the machine in the autumn which produced miniature films of poor quality, difficult to interpret.

The 10,939 miniature films taken in 1965 are classified below. The July survey of men is added to the usual list.

MINIATURE FILMS, 1965.

	Males	Females	Total
1. Contacts, New	533	610	1,143
2. Contacts, Return	31	46	77
3. Superannuation	1,345	618	1,963
4. Sick Pay	358	868	1,226
5. School Children	—	1	1
6. Special Surveys	30	112	142
7. Nationalised Services	—	1	1
8. Entrants to Homes	59	135	194
9. Other Local Authorities	32	3	35
10. Miscellaneous	523	1,102	1,625
11. School Teachers	946	868	1,814
12. Transport	315	27	342
13. Men over 45 Campaign	2,376	—	2,376
	<u>6,548</u>	<u>4,391</u>	<u>10,939</u>

The 925 full-size films consisted of 631 recalls and 294 primary full-size films. The corresponding figures for 1964 were a total of 736 made up of 464 recalls and 272 primary. The findings for 1965 are classified as follows :—

FULL-SIZE FILMS, 1965.

Groups	Phthisis			Root Lesions	Non-Pulm. Lesions	Neo-plasm	N.A.D.	Total
	Active	Inactive	Pleurisy					
MALE—								
1. Contacts, New ...	7	5	3	5	2	—	17	39
2. Contacts, Return	—	—	—	—	—	—	1	1
3. Superannuation ...	14	59	15	—	16	—	42	146
4. Sick Pay ...	6	18	6	—	5	—	9	44
5. School Children ...	—	—	—	—	—	—	—	—
6. Special Surveys ...	—	1	—	—	—	—	7	8
7. Nationalised Services	—	—	—	—	—	—	—	—
8. Entrants to Homes	4	8	1	—	1	—	5	19
9. Other Local Authorities ...	—	—	—	—	—	—	1	1
10. Miscellaneous ...	2	18	9	1	5	2	94	131
11. School Teachers ...	4	12	6	—	2	2	25	51
12. Transport ...	1	5	—	—	3	—	9	18
13. Over 45 Campaign	27	34	14	4	15	4	31	129
Total ...	<u>65</u>	<u>160</u>	<u>54</u>	<u>10</u>	<u>49</u>	<u>8</u>	<u>241</u>	<u>587</u>

FEMALE.—	Groups	Phthisis		Pleurisy	Root Lesions	Non-Pulm. Lesions	Neo-plasm.	N.A.D.	Total
		Active	Inactive						
	1. Contacts, New ...	10	15	1	9	6	—	22	63
	2. Contacts, New ...	—	3	—	—	2	—	2	7
	3. Superannuation ...	1	14	5	—	3	—	29	52
	4. Sick Pay ...	6	24	8	—	6	—	22	66
	5. School Children ...	—	—	—	—	—	—	—	—
	6. Special Surveys ...	1	3	—	—	—	—	4	8
	7. Nationalised Services	—	—	1	—	—	—	—	1
	8. Entrants to Homes	2	6	—	—	5	—	9	22
	9. Other Local Authorities ...	—	—	—	—	—	—	—	—
	10. Miscellaneous ...	4	22	7	1	5	—	38	77
	11. School Teachers ...	2	10	1	—	1	—	26	40
	12. Transport ...	—	—	—	—	—	—	2	2
	Total ...	<u>26</u>	<u>97</u>	<u>23</u>	<u>10</u>	<u>28</u>	<u>—</u>	<u>154</u>	<u>338</u>

There were 91 patients in whom a diagnosis of active phthisis was suggested compared with 104 in 1964. This is a diagnosis based on a single X-ray and is not always correct but these patients are seen at the chest clinics for fuller investigation. For example, of the 27 men so classified in the July survey nine were notified and put on treatment. A further fourteen were kept under observation. Some of these cases were already known at the clinics and previous X-ray films were available for comparison.

There were eight cases of suspected lung cancer seen, all men, including four in the survey.

VENEREAL DISEASE.

The number of new patients attending the Venereal Diseases clinics in Glasgow has continued to rise in 1965; 5,089 compared with 4,846 in 1964. Fewer patients were admitted on transfer (147) than previously, but despite this and the fact that only 933 were carried over from 1964, the total number of patients dealt with (6,169) was the highest since 1959. Figures for the admission and disposal of patients from 1960 to 1965 are set out in Table I which shows the various trends. Once again fewer patients were discharged as a consequence of the policy of requiring patients to attend for three months from the time of infection before they are dismissed, and there was a consequent increase in numbers defaulting. The large number of patients carried over to 1966 is in part due to the relatively large number of new patients who attended during the last quarter of 1965.

Table II sets out the number of new patients by sex and diagnosis over the past six years and in 1965 there has been a continued increase in the number of male patients but the number of female patients is rising more rapidly. With regard to males the number of those attending

with gonorrhoea continues to fall while those suffering from non-specific urethritis continue to increase. The increase in numbers attending with other venereal conditions is balanced by a drop in patients with no venereal disease which reflects the policy of diagnosing patients with certain conditions, which are sexually acquired and needing treatment thereof under the venereal conditions. The rise in gonorrhoea and trichomonas infections in females continues. The number of those with other venereal conditions remains static while there has been an increase of patients without venereal disease.

NON-SPECIFIC URETHRITIS.

There has been an accelerated increase in the numbers of patients attending with non-specific urethritis (751 in 1965) of whom 9 (1.2 per cent.) developed Reiter's disease. This increase is in excess of the national level but the cause, or causes, is not yet apparent.

TRICHOMONAS INFECTIONS.

This year 29 males were found to be suffering from trichomonas infections, a dramatic rise over previous years. This is due to culture facilities which became available and the use of modern microscopes within the clinics. These patients present with non-specific urethritis, but when the organism is discovered are not included in that category. They respond to metronidazole as do females. The number of females has risen from 184 in 1964 to 341 in 1965, this marked increase being in part due to the fact that in the course of routine genital examination of those new female patients requiring it, a cervical smear has been taken for cervical exfoliative cytology. From 421 such smears trichomonas vaginalis was identified in 221 (52.5 per cent.). In addition there has been a higher incidence diagnosed by cervical cultures.

OTHER VENEREAL INFECTIONS.

The numbers of male patients 698, show a rise because of diagnosis conditions such as balanitis that were previously included in non-venereal conditions. Chancroid remains rare, only 6 cases were diagnosed in 1965, but there were two cases of lymphogranuloma venereum, both contracted in the tropics. Once again no case of granuloma inguinale was seen. During the year 67 men were treated for phtherius pubis infestation and 32 for scabies. Again there was no change in the number of female patients attending with other venereal conditions.

NON-VENEREAL CONDITIONS.

As explained above, the number of male patients in this category has dropped by some 300, this being due to the fact that previously certain conditions acquired sexually had been included under this heading. Included under this heading were a few husbands whose wives had been treated elsewhere for gonorrhoea during pregnancy on the strength of report of a positive gonococcal complement fixation test. This test is, of course, of no diagnostic significance whatsoever but it was nevertheless very difficult to persuade these patients that their wives had never had venereal disease. The practice of routine antenatal G.C.F.T. testing is to be deprecated. Within this group the number of babies, mainly for adoption, has continued to rise; in 1964, 195 males and 155 females; in 1965, 193 males, 171 females.

Under non-venereal conditions discovered at the clinic are included those patients who had cervical exfoliative cytology and were found to be in need of gynaecological treatment. Smears were taken from 421 women and because of abnormalities found, seven patients were referred to gynaecologists. Two have been operated upon for carcinoma of the cervix, the result of one other is pending.

SYPHILIS.

The type of syphilis diagnosed in new patients in 1960 to 1965 is set out in Table III. The numbers of male and female patients with contagious syphilis is falling but there is liability for a sudden rise at any time as it only needs a small epidemic to cause a marked rise in figures. Only one male infection was acquired locally, two were acquired abroad (one by a tourist) and three were acquired in London, two of which were in homosexuals. All five female infections were acquired locally but the contacts had left the district before the patients attended. There has been an increase in the number of patients with late acquired syphilis referred to this Department and this is a very welcome sign. In 1965 one baby aged 18 months was found to be suffering from congenital syphilis. This unfortunately occurred because of the omission of taking blood for serological tests for syphilis during the pregnancy. The increase in the number of congenital syphilis patients referred to the Department in 1965 was mainly due to the number of adults referred to us who had not been treated for their congenital syphilis before, some because such conditions as interstitial keratitis had not developed until adulthood.

ANTENATAL BLOOD TESTS.

In Glasgow eight laboratories carry out antenatal serological tests for syphilis. As yet there is no unified screening test, but this

year all sera giving doubtful or positive results to the various non-specific tests were subjected to specific tests.

During 1965 the City Laboratory tested 6,802 sera from antenatal clinics, nine (0·13 per cent.) gave positive results to non-specific tests of which two were confirmed by the specific tests. During the same period 3,729 sera from antenatal patients were referred by general practitioners; five (0·13 per cent.) gave positive non-specific results, three of which were confirmed.

The other laboratories carried out tests on a further 18,695 antenatal sera, 143 (0·67 per cent.) gave positive non-specific results, 12 of which were confirmed by specific tests. In all 17 (10·8 per cent.) of the 157 positive or doubtful non-specific results were confirmed, giving an over-all incidence of syphilis among these antenatal patients of 0·058 per cent. (0·026 per cent. in 1964).

GONORRHOEA.

Nine cases of gonococcal ophthalmia were referred to the Department of Venereal Diseases in 1965 and gave the Department the opportunity of treating the mothers and investigating their contacts. It would appear that this condition is more prevalent than statistics have hitherto revealed. Ophthalmia neonatorum, irrespective of cause, is a notifiable disease but it is apparent that there is a lack of uniformity in notification by different units concerned in postnatal care. The greatest possible vigilance is urged so that an early diagnosis can be made and appropriate therapy given to the baby, and in the case of gonococcal infection, the mother referred for examination even in the absence of symptoms. No child was referred with a gonococcal vulvovaginitis.

The numbers by age groups of male and female patients with sexually transmitted gonorrhoea attending from 1960 to 1965 are set out in Table IV. In 1965 there was a drop in the number of male patients with gonorrhoea which affected all the age groups except the oldest. It is too early to say that the trend of increase among young people has stopped but we will watch the future with interest. This downward trend in the number of males with gonorrhoea is in line with the figures for Scotland as a whole which to date appear unaffected by the upward trend reported from England and Wales. With regard to females the rise in the number of those suffering from gonorrhoea is especially noted in the younger age groups, a similar trend but an exaggeration of the figures for Scotland and furthermore of those for England and Wales.

The figures in Table IV indicate cases of gonorrhoea, not patients. In fact, the number of male and female patients suffering from gonorrhoea was 891 and 259 respectively.

SENSITIVITY OF GONOCOCCI TO ANTIBIOTICS.

During 1965 the City Laboratory reported on the sensitivity to Streptomycin, Sulphonamides, Penicillin and Tetracycline of 874 strains of gonococci. The organisms were sensitive to all these antibiotics on 609 (69·7 per cent.) occasions. The in vitro sensitivity or resistance of strains varies from time to time and place to place so that Table V has set out the quarterly incidence of resistance and sensitivity tested by means of the disc method. There was a slight drop in the incidence of resistance to Penicillin from 1·6 per cent. in 1964 to 1·03 per cent. in 1965 and to Tetracycline from 1·2 per cent. to 0·8 per cent. Resistance to Streptomycin (28·8 per cent.) was much higher (10·0 per cent.), while the apparent drop in incidence of in vitro resistance to Sulphonamides (12·8 per cent. to 2·3 per cent.) was not matched clinically and so neither of these drugs are recommended in the treatment of gonorrhoea.

ATTENDANCE OF SEAMEN AT VENEREAL DISEASES CLINICS.

During 1965, 457 seamen attended the Glasgow clinics (491 in 1964) and once again the majority were free from venereal disease on examination. Table VI sets out the amount of contagious syphilis and gonorrhoea found in seamen as compared with the total males for Glasgow. Only one seaman was found with contagious syphilis which he had acquired in Japan. The numbers with gonorrhoea continue to remain fairly steady. Once again the incidence of gonorrhoea among seamen attending the clinic (21 per cent.) was lower than for the other male patients from Glasgow (28·3 per cent.), confirming once again that a number of seamen are being treated elsewhere, usually on board ship.

CONTACT TRACING.

Of the 1,048 men with infectious venereal disease eight came as contacts of female patients already attending. Interrogation of the other 1,040 for their source of infection resulted in information to be followed up in 257 (24 per cent.) of cases. This percentage remains low and reflects the lack of interrogation facilities in the male clinics. Seven contacts were out of the area and were notified to the respective clinics, one ultimately attending, leaving 250 local contacts. A further 28 notifications of female contacts were received from elsewhere; of a total of 277 contacts, 174 were located by the health visitors, 151

(86.9 per cent.) of whom were persuaded to attend. Once again this reflects the efficiency of contact tracers in persuading women to attend clinics provided they are given adequate information. The outcome of the contact tracing efforts is set out in Table VII.

Of the 281 women with sexually acquired infectious disease, 112 attended as contacts notified from the local male clinics or elsewhere. Interrogation of the other 169 resulted in eight (4.7 per cent.) of their consorts attending the local male clinics.

The diagnosis of the contacts attending the Glasgow clinics during 1965 is set out in Table VIII. Once more a number of those contacts who are not classified as suffering from venereal infections defaulted before a diagnosis could be made.

CASE HOLDING.

This still remains a most difficult problem in the clinics, as mentioned in last year's Report. Once again the female patients attended better than males. For gonorrhoea, females averaged 6.5 attendances and males 4.3. This is out of a possible ten attendances, although some with very few attendances may have completed their three months surveillance from infection and been discharged from the clinic.

The attempts made to get defaulters to return in 1965 are set out in Table IX. Once again the amount of default was greater in gonorrhoea than for syphilis, in which disease default is uncommon, especially in the later stages. Nevertheless the policy of sending default letters very early to patients defaulting from gonorrhoea has shown a marked increase in the percentage of those returning, 39 per cent. in 1965 compared with 20.1 per cent. in 1964. Fewer letters were sent as only rarely was it considered worthwhile sending a second letter if the first had not had any effect. The over-all figure of 42 per cent. of male defaulters returning is a great improvement on the figures for 1964, 22.3 per cent. With regard to females the efficacy of visiting defaulters can be seen in that once again 53 per cent. of females with gonorrhoea who defaulted returned to the clinic, which compares with 53.6 per cent. in 1964 and the over-all figure of 54.2 per cent. compares favourably with the figures in 1964 of 53.4 per cent. More default episodes per female were noted and followed up rigorously than for males because of the greater difficulty in curing women as compared with men, and the fact that they remain asymptomatic during relapse which makes them a continued public health hazard. Once again there was a greater incidence

of false names and addresses among male defaulters than female, 136 (21·2 per cent.) and 64 (14·5 per cent.) respectively.

TABLE I.

ADMISSION AND DISPOSAL OF PATIENTS, 1960-1965.

	1960	1961	1962	1963	1964	1965
On register at 1st January ...	1,067	1,117	1,101	1,079	1,047	933
New patients ...	4,680	4,734	4,609	4,721	4,846	5,089
Other cases admitted ...	250	271	211	183	244	147
Total ...	5,997	6,122	5,921	5,983	6,137	6,169
Discharged ...	3,242	3,370	3,166	3,358	2,829	2,325
Defaulted ...	1,182	1,160	1,238	1,131	1,690	1,737
Transferred ...	456	491	438	447	685	562
On register at 31st December ...	1,117	1,101	1,079	1,047	933	1,545

TABLE II.

NEW PATIENTS BY DIAGNOSIS, 1960-1965.

Sex	Year	Syphilis	Gonorrhoea	Non Specific Urethritis	Trichomonas Infection	Other Venereal Infections	Non Venereal Conditions	Total
Male	1960	72	1,367	474	0	347	1,590	3,850
	1961	54	1,209	599	1	359	1,596	3,818
	1962	42	1,199	598	0	367	1,499	3,705
	1963	42	1,211	635	0	354	1,508	3,750
	1964	49	1,200	640	1	351	1,534	3,775
	1965	50	1,045	751	29	706	1,215	3,796
Female	1960	50	189	—	47	84	460	830
	1961	27	200	—	70	80	536	916
	1962	18	215	—	119	72	480	904
	1963	16	213	—	165	60	517	971
	1964	26	269	—	184	65	527	1,071
	1965	32	282	—	341	66	572	1,293

TABLE III.

TYPES OF SYPHILIS IN NEW PATIENTS, 1960-1965.

Year	Contagious Late acquired				Congenital			
	M	F	M	F	Under 1 yr.	1-4 yrs.	5-14 yrs.	15 yrs. & over
1960	39	14	28	21	—	—	2	18
1961	16	2	36	18	—	1	—	8
1962	22	4	19	5	—	—	—	10
1963	19	4	22	9	—	—	1	3
1964	25	10	24	11	—	—	1	5
1965		5	39	15	—	1	—	11

TABLE IV.

SEXUALLY ACQUIRED GONORRHOEA BY AGE GROUPS, 1960-1965

Sex	Year	Under 15	15-19	20-24	25-34	35-44	45 & over	Total
Male	1960	—	59	344	583	252	129	1,367
	1961	—	65	322	498	228	96	1,209
	1962	—	68	290	530	208	103	1,199
	1963	—	72	315	486	217	121	1,211
	1964	—	69	280	538	213	100	1,200
	1965	—	59	258	455	168	102	1,042
Female	1960	2	34	57	70	20	6	189
	1961	—	32	73	67	19	7	198
	1962	—	28	72	73	30	10	213
	1963	—	46	69	69	21	5	210
	1964	2	49	95	92	24	5	267
	1965	1	61	100	69	38	7	276

TABLE V.

QUARTERLY IN VITRO RESISTANCE OF GONOCOCCI TO ANTIBIOTICS.

Antibiotic	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Streptomycin ...	52 (27.0%)	76 (33.6%)	58 (24.4%)	66 (30.4%)	252 (28.8%)
Sulphonamides ...	9 (4.6%)	2 (0.9%)	6 (2.5%)	3 (1.4%)	20 (2.3%)
Penicillin ...	3 (1.5%)	4 (1.8%)	0 —	2 (0.9%)	9 (1.03%)
Tetracycline ...	1 (0.5%)	4 (1.8%)	1 (0.4%)	1 (0.5%)	7 (0.8%)
No. of Strains examined	193 (100%)	226 (100%)	238 (100%)	217 (100%)	874 (100%)
No. of Strains sensitive to all antibiotics ...	137 (71%)	147 (65%)	175 (73.5%)	150 (69%)	609 (69.7%)

TABLE VI.

THE INCIDENCE OF CONTAGIOUS SYPHILIS AND GONORRHOEA IN SEAMEN COMPARED WITH TOTAL MALES OVER THE PAST SIX YEARS.

Year	Contagious Syphilis			Gonorrhoea		
	Total	Seamen	%	Total	Seamen	%
1960	32	5	16	1,367	92	6.7
1961	16	4	25	1,209	107	8.8
1962	22	9	41	1,199	117	9.8
1963	19	7	37	1,211	99	8.2
1964	25	7	28	1,200	97	8.1
1965	6	1	17	1,042	96	9.2

TABLE VII.

THE OUTCOME OF EFFORTS TO TRACE FEMALE CONTACTS.

Notification	Status	Total	Not			Diagnosis	
			Traced	Located	Refused	Confirmed	Not confirmed
From local Clinics	Marital	110	5	105	12	63	30
	Other	139	87	52	9	35	8
From Elsewhere	Marital	—	—	—	—	—	—
	Other	28	11	17	2	14	1
Total	...	277	103	174	23	112	39

TABLE VIII.

THE DIAGNOSIS OF CONTACTS ATTENDING THE CLINICS.

Sex	Syphilis	Other Venereal			Total
		Gonorrhoea	Infections	Non Venereal Conditions	
Male ...	—	8	3	—	11
Female ...	1	112	21	18	152
Total ...	1	120	24	18	163

TABLE IX.

ATTEMPTS TO GET DEFAULTERS TO RE-ATTEND IN 1965.

Sex	Diagnosis	Nos. at Risk	Default Episodes	Nos. Re-attending	Efforts Needed	
					Visits	Letters
Male	Gonorrhoea ...	1,284	602	238 (39%)	—	662
	Contagious Syphilis	43	8	5 (63%)	—	25
	Late Syphilis	120	30	26 (88%)	—	58
	Congenital Syphilis	18	—	—	—	—
	Totals	1,465	640	269 (42%)	—	745
Female	Gonorrhoea ...	405	403	215 (53%)	438	172
	Contagious Syphilis	25	11	10 (91%)	21	6
	Late Syphilis ...	103	19	11 (58%)	29	1
	Congenital Syphilis	53	10	4 (40%)	6	1
	Totals	586	443	240 (54.2%)	494	180

SECTION IX

MENTAL SERVICES.

The Scottish Home and Health Department in their Health and Welfare Services Circular 4/65 recommended that a consultative committee be set up to deal with services for the mentally disordered. A meeting was held in this Department at the end of the year to which all the senior consultants of psychiatric units catering for Glasgow were invited. Further meetings in 1966 were arranged. The mere fact that such meetings for discussion take place is of value. Whether any practical measures to improve the mental services will result remains to be seen. The dozen or so doctors attending are all concerned with mental disorder but this is a wide field. Interests and priority aims are diverse. There is the further difficulty that hospital consultants, especially those in charge of large mental hospitals, are fully occupied and committed in dealing with their own units.

The aim to enable the mentally disordered to live a happy and useful life within the community at large is more easily defined in regard to mental deficiency than in mental illness. The need for day care and training of all mentally handicapped children is evident but is still far from being met. There have been delays and frustration in moving towards this goal but some progress can be reported.

The Child Development Centre at Balvicar Street and the Special Day Nursery there completed their first year of operation. The premises, which were purpose-built, look beautiful but functionally the nursery premises are not ideal. The playroom, which also serves as dining room and for the afternoon siesta, is too small. The reception lobby, an unnecessary feature, has been put into use as a relief dining room. Only one bus has been used which does two journeys in the forenoon and two return journeys in the afternoon. This means that the twenty-five children attending are dealt with in two half-day shifts. This two-shift working has alleviated the accommodation problem but at the cost of providing poorer service.

The Broomhill Centre, which provides for under five's and over five's excluded from school, was finally opened in November, 1965. This adaptation of an older building had been in process of building for a considerable time. It is an improvement on Balvicar Street Nursery and the premises are very attractive. If there is any defect it is again in the matter of play space. The rooms used for this purpose are long and narrow. Even after opening there has been some delay in admitting

the older age group because of lack of a safe service road. The children fall into this ill-defined group between those who need educational training and those who require nursing care. Our staff are basically nurses but with training and practice they have acquired educational skills and the progress of their charges is often remarkable.

Training of Personnel.—Jordanhill College advertised a course for helpers in Day Centres for mentally handicapped children which was to start in November, 1965. The Department put forward four applicants but unfortunately there were no others so the course was cancelled. We will need such training for staff in future. A similar course for Senior Occupational Centre Staff was carried through and two members of the Department's staff attended.

The usual courses for medical officers on mental deficiency and psychiatry were held and six doctors attended each of these courses. The Principal Medical Officer for Mental Health attended a week's course in London organised by the Society of Medical Officers of Health.

Three welfare officers went to Jordanburn Hospital in Edinburgh for three weeks' instruction in the duties of mental health officers. This course is organised by the Medical Officer of Health for Edinburgh.

There has been increasing difficulty in maintaining the full-time course in Mental Health for Health Visitors. This is the course which between 1961 and 1965 prepared the health visitors so thoroughly for the after-care work for psychiatric patients. It was decided that 1965 would be the last in this series and six health visitors completed the course of instruction, making a total of 47 since 1961. The number of trained visitors who become unavailable because of transfer or for other reasons is considerable. It is therefore hoped to resume this type of training as soon as suitable arrangements can be completed with the University of Strathclyde.

CARE OF MENTAL DEFECTIVES.

Child Development Clinics.—The two clinics at Glenfarg Street and Balvicar Street both did a full year's work amounting in all to two hundred and twenty-two sessions. Combined figures for the two clinics follow :—

	Male	Female	Both Sexes
New Patients attending	86	57	143
Total Patients attending	138	102	240
Total attendances ...	382	187	569

The work of these clinics is enhanced by the support of visiting consultants.

To each clinic is attached a specially trained health visitor acting as a social worker at the clinic and giving advice and support in the patients' homes. Some 680 home visits were paid for this purpose.

Nursery Centres.—The nursery at Balvicar Street completed its first year's work and the Broomhill Nursery moved to its new permanent building in November. The numbers attending for the five-day week at the end of the year were :—

	Male	Female	Both Sexes
Broomhill	7	10	17
Balvicar	19	6	25
	—	—	—
	26	16	42
	==	==	==

In addition, sixteen mentally defective children (twelve males and four females) were attending at ordinary Day Nurseries.

Laurieston House Centre.—The voluntary workers of the Scottish Society for Mentally Handicapped Children continued to run their long established centre at Laurieston House. This is a combined Nursery and Junior Centre. The numbers on register at 31st December, 1965, were :—

	Male	Female	Both Sexes
Under 5 years	12	14	26
Over 5 years	30	22	52
	—	—	—
Total	42	36	78
	==	==	==

This compares with eighty-three on the roll at the end of 1964, a small reduction which indicates the continuing demand for this service. Fifteen of the seventy-eight children were coming on two days per week, the remaining sixty-three on one day only. There may be some old-fashioned parents who would still prefer to keep their children at home till the age of five, but it would seem that with early assessment the need for early training of the mentally handicapped is more important than pre-school training for children of normal intelligence. The aim should be a five-day week where the parents will accept it.

Junior Centre.—The Department's first Junior Centre for those of school age was opened in November and at the end of the year six children, four boys and two girls, were attending. These were children promoted from the nursery section and no new pupils had yet been admitted.

Short-Stay Home.—The Stewart Home at Cove on the Firth of Clyde run by the Scottish Society provided a holiday for two hundred and twenty Glasgow children during the year.

DEFECTIVES UNDER GUARDIANSHIP AND INFORMAL CARE.

The number of mentally disordered detained under guardianship continues to fall and very few new cases are now added to the roll. The numbers under guardianship and receiving informal care at the end of 1965 are compared below with the corresponding figures for 1964.

			Mental Defectives		Mentally Ill	
			1965	1964	1965	1964
Guardianship	Male	...	132	149	9	10
in Glasgow :	Female	...	112	140	7	7
Guardianship	Male	...	101	120	4	3
out of Glasgow :	Female	...	68	78	4	7
Total on Roll :	Male	...	233	269	13	13
	Female	...	180	218	11	14
	Both Sexes		413	487	24	27

Added to the guardianship roll in 1965 were three mental defectives, two males and one female. On the other hand, the number of mental defectives receiving informal care from the Mental Health Section increased as follows :—

			1965	1964
Male	...	...	330	301
Female	...	...	365	337
Both Sexes	...	...	<u>695</u>	<u>638</u>

Visits paid during the year by the two medical officers and three mental welfare officers are now tabulated :—

		Medical Officers	Mental Welfare Officers	Total
Patients under Guardianship	...	1,400	900	2,300
Patients under Informal Care	...	1,464	796	2,260
		<u>2,864</u>	<u>1,696</u>	<u>4,560</u>

CARE OF THE MENTALLY ILL.

There appears to be some increased tendency for the Department's medical officers to be called on to certify mental patients. Twenty-two patients were dealt with during 1965. In two of these cases the procedure laid down under Section 103 of the Mental Health (Scotland) Act, 1960, was used ; that is, the medical officer accompanied a police constable

with a warrant to enter. One of these cases, a young woman who was grossly disturbed, was preventing her little boy from having any outside contacts. He was not allowed to go to school. The other patient, also a woman, had not been seen by neighbours for several days. She died soon after admission to hospital. Such patients, of course, do not seek medical aid and if they are to be given treatment the statutory coercion must be applied.

AFTER-CARE BY HEALTH VISITORS.

Nineteen health visitors were working in this service at the end of the year but two of these had only been recruited in December and the effective strength may be taken as seventeen in 1965, the same number as at the end of 1964. It was regretfully decided to terminate the service in one of the mental hospitals. This hospital had been persuaded to accept one of our health visitors to do after-care at the beginning of 1964 and this same visitor worked there for exactly two years. It had been hoped that at least one other health visitor would have joined the first and this was suggested but did not prove acceptable. The health visitor involved indicated her desire to discontinue the work at the end of the year.

The success of the Glasgow service has attracted some attention outside Scotland. In England where Mental Welfare Officers are well established in the after-care field the use of health visitors arouses some controversy. In this situation Sister Brown, one of the first to do this work, was invited to address the Annual Conference of the Association of Mental Health in London. She carried out this task very competently.

There were 413 patients receiving visits at the close of 1965 compared with 391 in 1964 :—

	Male	Female	Both Sexes
Discharged from Hospital ...	66	285	351
Referred from Out-Patient Clinics	6	56	62
	<u>72</u>	<u>341</u>	<u>413</u>

The number of female patients receiving care has increased by twenty-six but there are four males fewer. In fact, over the past three years the number of males receiving after-care has remained virtually stationary. The ratio of females to males has steadily increased ; three to one in 1963, just over four to one in 1964 and on the above figures 4·7 to one in 1965. This would seem to indicate a severe defect in the after-care service.

The average case load per health visitor working half-time in after-care is twenty-four cases.

The numbers of new referrals in 1965 were :—

	Male	Female	Both Sexes
Cases referred from Hospital ...	69	290	359
Cases referred from Out-Patient Clinics	14	76	90
	<u>83</u>	<u>366</u>	<u>449</u>

The average new referrals per health visitor for the year work out at twenty-six patients, which is the same figure as in 1964.

The usual classification of the patients receiving after-care at the end of the year according to probable diagnosis is as follows :—

	Male	Female	Both Sexes
Schizophrenia ...	18	81	99
Affective Psychosis ...	13	96	109
Psychoneurosis ...	19	92	111
Organic States ...	7	15	22
Geriatric	3	14	17
Addiction	4	14	18
Others	8	29	37
	<u>72</u>	<u>341</u>	<u>413</u>

After-care visits in 1965 totalled 6,738, a considerable increase over the 1964 total of 5,506 and more than double the visits paid in 1963.

The Department made available premises at Orr Street Clinic for a social club for psychiatric patients from the Eastern District Hospital. The club meets on one evening per week and the health visitors attached to the Eastern District attend to help in the running of it. A similar club for Woodilee Hospital has been running for several years at Fernbank Street Clinic. It is thought that an experienced organiser of club activities might make such ventures more effective.

SECTION X

BLIND PERSONS.

Within the area of the Joint Committee for the Blind for Glasgow and South-West Scotland, 852 persons were examined for the first time, and 499 were re-examined during 1965. Of the total 1,351, 587 or 43·4 per cent. were examined at home, 47·3 per cent. of those initially examined and 36·9 per cent. of those re-examined. In 1964, 43·9 per cent. were examined at home and in 1963, 40·1 per cent.

Of the 852 persons initially examined, 497, 58·3 per cent., were certified blind and 245, 28·8 per cent., partially-sighted, and of the 499 persons re-examined, 202, 40·5 per cent., were certified blind and 241, 48·3 per cent., partially-sighted.

Table I gives the age and sex distribution and the classification into blind, partially-sighted and neither blind nor partially-sighted of the 852 persons examined for the first time and Table II of the 499 persons re-examined. The majority are in the later years of life, the females considerably outnumbering the males.

TABLE I.

Initial Examinations, 1965.

Age and Sex Distribution.

Age in Years	Certified Blind			Certified Partially-Sighted			Not Certified		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
—1	—	—	—	—	—	—	—	—	—
1-4	3	2	5	3	—	3	—	—	—
5-15	9	1	10	3	1	4	—	—	—
16-29	7	3	10	3	3	6	2	1	3
30-39	4	—	4	2	2	4	—	—	—
40-49	8	6	14	3	10	13	2	3	5
50-59	16	20	36	12	14	26	5	8	13
60-69	44	68	112	22	45	67	9	23	32
70+	91	215	306	39	83	122	15	42	57
Total	182	315	497	87	158	245	33	77	110

TABLE II.
Re-Examinations, 1965.
Age and Sex Distribution.

Age in Years	Certified Blind			Certified Partially-Sighted			Not Certified		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
-1	—	—	—	—	—	—	—	—	—
1-4	—	1	1	1	1	2	—	—	—
5-15	2	3	5	2	2	4	1	—	1
16-29	4	2	6	7	8	15	2	—	2
30-39	4	3	7	2	3	5	1	—	1
40-49	10	2	12	6	3	9	4	1	5
50-59	13	8	21	14	15	29	4	2	6
60-69	17	33	50	22	44	66	8	6	14
70+	34	66	100	30	81	111	8	19	27
Total	84	118	202	84	157	241	28	28	56

Of the 852 persons first examined in 1965, 315 (37.0 per cent.) resided in Glasgow and 194 (22.8 per cent.) in Lanarkshire. Of the 499 persons re-examined, 243 (48.7 per cent.) resided in Glasgow and 91 (18.2 per cent.) in Lanarkshire. The allocation among the local authorities of the area of the Joint Committee of persons examined for the first time in 1965 is shown in Table III and of persons re-examined in Table IV.

TABLE III.
Initial Examinations, 1965.
Local Authority Distribution.

Local Authority	Certified Blind			Certified Partially-Sighted			Not Certified		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
Glasgow	73	103	176	36	68	104	13	22	35
Airdrie	3	3	6	1	5	6	1	1	2
Coatbridge	2	9	11	3	6	9	1	2	3
Hamilton	5	2	7	1	3	4	1	4	5
Motherwell	6	17	23	1	6	7	3	1	4
Rutherglen	3	10	13	1	5	6	1	1	2
Other Lanarkshire	21	34	55	13	11	24	3	4	7
Greenock	15	16	31	4	6	10	1	4	5
Paisley	8	11	19	1	2	3	1	2	3
Port Glasgow	1	5	6	1	—	1	1	—	1
Other Renfrewshire	7	17	24	4	9	13	1	5	6
Dumbarton	1	2	3	—	1	1	—	—	—
Clydebank	1	8	9	—	—	—	—	3	3
Other Dumbartonshire	5	5	10	2	2	4	—	4	4
Falkirk	2	2	4	3	—	3	—	1	1
Stirling	3	5	8	1	2	3	—	1	1
Other Stirlingshire	6	10	16	1	4	5	1	8	9
Ayr	1	6	7	4	7	11	—	—	—
Kilmarnock	2	8	10	2	—	2	—	4	4
Other Ayrshire	11	23	34	4	12	16	2	7	9
Argyll County	6	8	14	3	7	10	3	3	6
Bute County	—	8	8	—	1	1	—	—	—
Dumfries Burgh	—	3	3	1	1	2	—	—	—
Total	182	315	497	87	158	245	33	77	110

TABLE IV.

*Re-Examinations, 1965.**Local Authority Distribution.*

Local Authority	Certified Blind			Certified Partially-Sighted			Not Certified		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
Glasgow	35	50	85	50	82	132	16	10	26
Airdrie	3	—	3	—	1	1	—	—	—
Coatbridge	3	4	7	2	3	5	1	1	2
Hamilton	1	1	2	2	2	4	1	1	2
Motherwell	1	2	3	1	7	8	2	3	5
Rutherglen	2	4	6	—	1	1	—	—	—
Other Lanarkshire	4	8	12	10	12	22	1	7	8
Greenock	5	8	13	2	3	5	—	—	—
Paisley	3	4	7	1	—	1	1	—	1
Port Glasgow	1	3	4	—	1	1	—	1	1
Other Renfrewshire	1	3	4	1	4	5	—	—	—
Dumbarton	—	1	1	—	1	1	—	—	—
Clydebank	—	3	3	—	3	3	—	—	—
Other Dunbartonshire	6	1	7	2	4	6	—	1	1
Falkirk	3	3	6	1	3	4	1	1	2
Stirling	—	1	1	—	4	4	3	—	3
Other Stirlingshire	8	12	20	6	14	20	1	2	3
Ayr	—	2	2	—	1	1	—	—	—
Kilmarnock	—	2	2	1	—	1	—	—	—
Other Ayrshire	3	4	7	3	5	8	—	1	1
Argyll County	3	2	5	2	2	4	1	—	1
Bute County	2	—	2	—	3	3	—	—	—
Dumfries Burgh	—	—	—	—	1	1	—	—	—
Total	<u>84</u>	<u>118</u>	<u>202</u>	<u>84</u>	<u>157</u>	<u>241</u>	<u>28</u>	<u>28</u>	<u>56</u>

Of persons examined for the first time during 1965 and certified blind, 54.5 per cent. were examined at home compared with 56.5 per cent. in 1964, 50.3 per cent. in 1963 and 46.7 per cent. in 1962; while of those certified partially-sighted 36.3 per cent. were examined at home compared with 35.4 per cent. in 1964, 35.9 per cent. in 1963, and 41.4 per cent. in 1962.

TABLE V.

Initial Examinations, 1965.

	At Clinic	At Home	All Cases	Per Cent. at Home
Certified Blind	226	271	497	54.5
Certified Partially Sighted	156	89	245	36.3
Not Certified	67	43	110	39.1
Total	<u>449</u>	<u>403</u>	<u>852</u>	<u>47.3</u>

Of the 499 persons re-examined during the year at the request of the examining surgeon, or at their own request, or following altered circumstances, there was no change in the classification in 357 (71.5 per cent.), of whom 71 were certified blind. Of the remainder, 11 were found to be no longer blind and 131 previously not blind were now found to be blind.

Comparing the number certified blind in 1965, 628, comprising 497 persons certified blind on first examination together with the 131 persons certified blind on re-examination and previously not blind, with the 596 certified blind in 1964, 476 on first examination and 120 on re-examination, there has been an increase of 5.4 per cent. in the number certified.

TABLE VI.

Re-Examinations, 1965.

	At Clinic	At Home	All Cases	Per Cent, at Home
1. Blind persons previously certified as blind	45	26	71	36.6
2. Persons previously certified as blind but not now blind	7	4	11	36.4
3. Persons found not blind at the present examination and at the previous examination	193	93	286	32.5
4. Persons now certified as blind who were not blind at the previous examination	70	61	131	46.6
Total ...	<u>315</u>	<u>184</u>	<u>499</u>	<u>36.9</u>

The causes of blindness in the 497 blind persons examined for the first time and in the 202 blind persons in the group of re-examinations are given in Table VII. Cataract, the most important single cause of blindness, was responsible for 120 cases of blindness (24.1 per cent.) in those initially examined and in 52 (25.7 per cent.) of blind persons in the re-examined group. Among those examined for the first time, arterio-sclerosis 117, glaucoma 66, myopia 59, and diabetes 43 were responsible for another 57.3 per cent. The corresponding figures for the re-examined group were arterio-sclerosis 26, glaucoma 12, myopia 48 and diabetes 14, 49.5 per cent. of blind persons in this group.

TABLE VII.

*Initial and Re-Examinations, 1965.**Causes of Blindness.*

	Initial Examinations.	Re- Examinations.
<i>Congenital and Undetermined—</i>		
Congenital Anomalies	18	9
Abiotrophies, etc.	11	5
Tumour of Globe or Orbit	1	—
Myopia	59	48
Other Errors of Refraction	1	—
Glaucoma—Primary	66	12
Cataract—Primary	120	52
Others	2	—
<i>Transmitted Maternal Infection—</i>		
Rubella	1	—
Toxoplasmosis	1	—
Others	1	—
<i>Infectious and Toxic—</i>		
Exogenous—Ophthalmia Neonatorum ...	1	—
Ulcerative Keratitis	4	1
Endogenous—Syphilis Congenital ...	2	6
Syphilis Acquired	1	—
Virus Infections—Measles ...	1	—
<i>Bacterial Infections—</i>		
Meningococcal Meningitis	—	1
Tuberculous Meningitis	—	2
Phlyctenular, Strumous, etc. ...	8	1
Chronic Septicaemia, etc. ...	5	3
Others	1	1
<i>Traumatic and Chemical—</i>		
Birth Injury	—	1
Household Accidents	1	1
Play or Sport	1	—
Self-Inflicted	—	1
<i>Industrial Trauma—</i>		
Quarrying	1	—
Metal	—	1
Agricultural	1	1
War Injuries—On active service ...	2	—
Chemico-Toxic	1	—
<i>Systemic Disease—</i>		
Anaemia and blood diseases	1	—
Diabetes	43	14
Other endocrine and metabolic disease ...	—	1
<i>Vascular Diseases—</i>		
Essential Hypertension	2	4
Arterio-sclerosis	117	26
Cerebral Arterio-sclerosis	7	2
Other Vascular Disease	2	4
<i>Intracranial Neoplasm</i>	3	1
<i>Disease of Central Nervous System—</i>		
Disseminated Sclerosis	2	1
Other Disease of the Central Nervous System	7	3
<i>Not Classified</i>	2	—
Totals	497	202

FOLLOW-UP SCHEME.

This Scheme deals with those patients examined at the Regional Clinic and considered by the examining surgeons as likely to benefit from further treatment. With the co-operation of the Society for the Blind, home teachers enquire and report as to the treatment and progress of these patients. When operative or other treatment has been completed, the patient is re-examined and any improvement noted, except for those few cases where treatment was recommended for systematic disease and where the eye condition was irremediable and not amenable to treatment.

TABLE VIII.

Follow-Up Scheme of Persons considered likely to benefit from Medical or Surgical Treatment or from the Continuation of such Treatment.

(i) *Blind.*

	Treatment Carried Out				Treatment not Carried Out				Follow-up not yet Complete	Total
	Still Blind	Now Partially Sighted	Now Sighted	Not Yet Re-exam.	Dead	Unfit	Unwilling	Others		
Surgical	11	3	4	5	13	34	34	4	42	150
Medical	—	—	—	—	—	—	—	—	3	3
Totals	11	3	4	5	13	34	34	4	45	153

(ii) *Partially-Sighted.*

	Treatment Carried Out				Treatment Not Carried Out				Follow-up not yet Complete	Total
	Still P.S.	Now Blind	Now Sighted	Not Yet Re-exam.	Dead	Unfit	Unwilling	Others		
Surgical	—	1	4	1	2	10	4	2	7	31
Medical	—	—	—	—	—	1	—	—	—	1
Totals	—	1	4	1	2	11	4	2	7	32

(iii) *Not Blind.*

	Treatment Carried Out				Treatment Not Carried Out				Follow-up not yet Complete	Total
	Still Not Blind	Now P.S.	Now Blind	Not Yet Re-exam.	Dead	Unfit	Unwilling	Others		
Surgical	3	—	—	—	—	2	1	1	—	7
Medical	1	—	—	—	—	—	—	—	—	1
Totals	4	—	—	—	—	2	1	1	—	8

The group "Unwilling" is comprised mainly of elderly persons who, owing to their advanced age, do not feel inclined to undergo an operation.

In the group "Others" are included patients who for medical reasons are not yet ready for operative procedures.

Age at Certification—Pre-War and at present.
Comparison of the Five Years 1934-1938 and 1961-1965.

Under 16 years of age little change has occurred in the incidence of blindness. Between 16 and 60 years of age the male and female incidence have shown closely similar percentage falls, 62·3 per cent. in males and 63·3 per cent. in females. Over 60, however, males and females show marked differences. Between 60 and 69 years the male incidence has fallen by 41·7 per cent., the female incidence only by 6·0 per cent., but at ages 70 and over while the incidence of certification has markedly risen, the rise of 28·0 per cent. in males contrasts with that of 122·1 per cent. in females.

The age and sex incidence at certification for the two five-year periods is given in Table IX.

TABLE IX.

*Age and Sex Distribution of Persons Certified Blind at the
Regional Blind Clinic during the periods 1934-1938 and 1961-1965.*

Age in Years	1934-1938			1961-1965		
	Male	Female	Both Sexes	Male	Female	Both Sexes
0-15	27	33	60	34	23	57
16-29	83	70	153	30	17	47
30-39	99	84	183	28	13	41
40-49	163	125	288	63	29	92
50-59	241	213	454	100	121	221
60-69	338	336	674	197	316	513
70 and over ...	361	408	769	462	906	1,368
Total	1,312	1,269	2,581	914	1,425	2,339

The broad classification of causes of blindness for the periods 1934-1938 and 1961-1965 is shown in Table X. Infectious, toxic, traumatic and chemical causes fell by 81·5 per cent. while systemic diseases as a cause of blindness rose by 207·3 per cent. Systemic diseases include diabetes and diseases of the vascular system.

TABLE X.

*Causes of Blindness for the Periods
1934-1938 and 1961-1965.*

	1934-1938	1961-1965
Congenital and Undetermined	1,394	1,401
Infectious and Toxic	782	134
Traumatic and Chemical	142	37
Systemic Diseases	246	756
Not Otherwise Classified	17	11
Total	2,581	2,339

REGIONAL BLIND ROLL (AREA OF JOINT COMMITTEE FOR THE BLIND,
GLASGOW AND SOUTH-WEST SCOTLAND).

Persons on the Regional Blind Roll at 31st December, 1965, numbered 5,237 (2,177 males and 3,060 females). Glasgow cases numbered 2,190 (41·8 per cent.), 915 males and 1,275 females.

TABLE XI.

*Age and Sex Distribution of Persons on the
Regional Blind Roll at 31.12.65.*

Age in Years	Males		Females		Both Sexes	
	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
0-4	4	0·2	7	0·2	11	0·2
5-14	63	2·9	46	1·5	109	2·1
15-19	31	1·5	22	0·7	53	1·0
20-24	40	1·8	25	0·8	65	1·2
25-34	77	3·5	59	1·9	136	2·6
35-44	131	6·0	101	3·3	232	4·4
45-54	239	11·0	191	6·3	430	8·2
55-64	425	19·5	482	15·8	907	17·3
65-74	485	22·3	765	25·0	1,250	23·9
75 and over	682	31·3	1,359	44·4	2,041	39·0
Not stated...	—	—	3	0·1	3	0·1
Totals	2,177	100·0	3,060	100·0	5,237	100·0

Of the males on the Blind Roll, 1,167, 53·6 per cent. were over 65 years of age and of the females, 2,124, 69·4 per cent. Of the males 879 or 40·4 per cent. were certified within the past five years, while 444 or 20·4 per cent. had been certified for over twenty years. Of the females, 1,416, 46·3 per cent. were certified within the past five years and 439, 14·3 per cent. had been certified for over twenty years. Table XII gives the duration of certification of persons aged 65 years and over.

TABLE XII.

*Duration of Certification of Persons
aged 65 years and over on Blind Roll at 31.12.65.*

Duration of Certification	Males	Females	Both Sexes	Per Cent.
Within 5 years	528	1,067	1,595	48·5
5-9 years	246	466	712	21·6
10-14 years	131	265	396	12·0
15-19 years	72	118	190	5·8
20-24 years	34	50	84	2·6
25 years and over	156	158	314	9·5
Totals	1,167	2,124	3,291	100·0

On the Blind Roll at 31.12.65 there were 699 persons with cataract affecting both eyes, congenital in 134 cases. In addition 135 had cataract of one eye and surgical aphakia of the other and 69 had surgical aphakia of both eyes.

Table XIII gives the number of persons on the Roll, where more than 100 in the category with similar defects of both eyes.

TABLE XIII.

*Causes of Blindness of persons on the Blind Roll at 31.12.65
where the Cause of Blindness was the same for both eyes
and there were more than 100 Cases in the Group.*

	Males	Females	Both Sexes
Cataract (Congenital)	72	62	134
Ulcerative Keratitis	94	143	237
Interstitial Keratitis	50	93	143
Iridocyclitis	67	130	197
Retinopathy, Exudative, Neuro-retinopathy	62	161	223
Degenerative Retinopathy, Retinitis			
Pigmentosa, etc.	130	118	248
Senile Macular Degeneration	99	207	306
Optic Nerve Atrophy and Neuritis	155	112	267
Cataract—Not Congenital	173	392	565
Myopia	258	560	818
Glaucoma, Primary	247	299	546
Cortical and Tract Lesions	65	55	120
	<u>1,472</u>	<u>2,332</u>	<u>3,804</u>
Total Cases with same diagnosis in both eyes ...	<u>1,841</u>	<u>2,690</u>	<u>4,531</u>
Total Cases on Blind Register	<u>2,177</u>	<u>3,060</u>	<u>5,237</u>
Percentage with same diagnosis in both eyes	<u>84.6</u>	<u>87.9</u>	<u>86.5</u>

SECTION XI

PORT HEALTH AUTHORITY.

A review of the incoming traffic on the River during the year shows an over-all decrease in both number of ships and in tonnage. In 1965 the total of 4,623 ships with an aggregate tonnage of 6,986,354 entered the Port compared with 6,727 ships and a tonnage of 7,994,893 in the previous year.

This total includes 1,506 ships (tonnage 4,679,014) from foreign ports, 627 of them from infected areas. Of these 162 arrived direct from abroad and the other 465 via other home ports before reaching Glasgow. The remaining 879 ships came from non-infected areas.

TONNAGE OF VESSELS ARRIVING FROM OVERSEAS.

	No. of Ships	Crews	Nett Reg. Tonnage
January ...	111	4,168	334,468
February ...	107	4,343	374,930
March ...	133	4,544	383,510
April ...	114	4,204	327,528
May ...	140	5,492	424,336
June ...	132	5,237	443,849
July ...	125	4,746	387,653
August ...	135	4,888	413,014
September ...	126	4,550	390,987
October ...	135	4,943	379,833
November ...	132	4,987	430,475
December ...	116	4,397	388,431
	<u>1,506</u>	<u>56,499</u>	<u>4,679,014</u>

Particulars of arrivals are given in the following table :—

NATIONALITY OF VESSELS ARRIVING DURING 1965.

Nationality	Ships	Crews	Passengers
American ...	25	1,201	20
Belgian ...	8	172	—
British ...	873	38,758	496
Cypriot ...	1	16	—
Danish ...	24	664	—
Dutch ...	138	2,127	—
Finnish ...	2	64	—
French ...	6	183	2
German ...	92	1,585	17

NATIONALITY OF VESSELS ARRIVING DURING 1965—(Continued).

Nationality	Ships	Crews	Passengers
Ghanian	1	48	—
Greek	17	503	—
Indian	20	1,274	—
Irish	5	146	—
Israeli	11	273	7
Italian	5	159	—
Japanese	2	80	3
Liberian	39	1,312	—
Nigerian	1	46	—
Norwegian	105	3,469	5
Pakistani	2	106	—
Panamanian	15	449	—
Polish	2	38	1
Rumanian	17	598	—
Russian	10	370	—
South African	13	711	—
Spanish	9	157	—
Swedish	49	1,557	7
Swiss	3	103	4
United Arab Republic	3	88	—
Yugo-Slav	8	242	—
	<u>1,506</u>	<u>56,499</u>	<u>562</u>

NATIONALITY OF SHIPS' CREWS ARRIVING DURING 1965.

Month	Nationalities on British Ships				Crews on		Over-all		Passengers on		Total Passengers
	British	Indian	Chinese	Other Nationalities on British Ships	Total Crews on British Ships	Other Ships	Total Crews	British Ships	Other Ships		
January ...	2,150	155	73	767	3,145	1,023	4,168	2	9	11	
February ...	1,856	362	39	873	3,130	1,213	4,343	1	1	2	
March ...	2,353	150	69	456	3,028	1,516	4,544	14	4	18	
April ...	1,975	102	84	562	2,723	1,481	4,204	12	—	12	
May ...	2,638	396	78	774	3,886	1,606	5,492	79	7	86	
June ...	2,258	247	61	946	3,512	1,725	5,237	53	7	60	
July ...	2,300	203	158	563	3,224	1,522	4,746	92	—	92	
August ...	2,524	177	39	486	3,226	1,772	4,888	57	17	74	
September ...	2,467	264	57	466	3,254	1,296	4,550	95	—	95	
October ...	2,377	116	161	855	3,509	1,434	4,943	72	3	75	
November ...	2,513	202	110	773	3,598	1,389	4,987	—	5	5	
December ...	2,285	22	126	558	2,991	1,406	4,397	29	3	32	
TOTAL ...	<u>27,696</u>	<u>2,396</u>	<u>1,055</u>	<u>8,079</u>	<u>39,226</u>	<u>17,383</u>	<u>56,499</u>	<u>506</u>	<u>56</u>	<u>562</u>	

NUMBER OF VESSELS FROM FOREIGN PORTS AND IRISH FREE STATE DURING 1965.

Month.	FROM INFECTED PORTS.						FROM NON-INFECTED PORTS. Direct and Coastwise.			FROM FOREIGN PORTS.			From Irish Free State			
	Class "A"—Direct.			Class "B"—Coastwise.			Total "A" and "B."			TOTAL.						
	Ships	Crews	Passengers	Ships	Crews	Passengers	Ships	Crews	Passengers	Ships	Crews	Passengers				
January	10	440	—	41	2,211	5	51	2,651	5	60	1,517	6	111	4,168	11	32
February	16	654	2	37	2,066	—	53	2,720	2	54	1,623	—	107	4,343	2	26
March ...	18	674	11	42	1,937	—	60	2,611	11	73	1,933	7	133	4,544	18	38
April ...	12	481	12	35	1,852	—	47	2,333	12	67	1,871	—	114	4,204	12	20
May ...	18	599	7	40	2,485	—	58	3,084	7	82	2,408	79	140	5,492	86	21
June ...	16	699	—	44	2,475	7	60	3,174	7	72	2,063	53	132	5,237	60	34
July ...	15	527	—	37	2,000	—	52	2,527	—	73	2,219	92	125	4,746	92	30
August	17	617	1	44	2,105	6	61	2,722	7	74	2,166	67	135	4,888	74	23
Sept. ...	7	248	—	38	1,945	—	45	2,193	—	81	2,357	95	126	4,550	95	17
October	13	510	4	34	2,005	—	47	2,515	4	88	2,428	71	135	4,943	75	41
Nov. ...	10	435	—	37	2,096	—	47	2,531	—	85	2,456	5	132	4,987	5	23
Dec. ...	10	389	—	36	1,952	4	46	2,341	4	70	2,056	28	116	4,397	32	23
	162	6,273	37	465	25,129	22	627	31,402	59	879	25,097	503	1,506	56,499	562	328

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1952-1963.

Only minor cases of sickness were dealt with during the year. These included chickenpox, dysentery, infective hepatitis, pneumonia, tuberculosis and other minor ailments.

Chickenpox—On a ship inward bound from United States of America, three cases of chickenpox were reported. The original case on board the ship had almost recovered on arrival, but the other two cases were removed to hospital.

Dysentery—Two seamen were removed to hospital but one refused to stay there and was discharged to return to his home address in England. The Medical Officer of Health for the area concerned was notified.

Infective Hepatitis—One case was removed to Ruchill Hospital.

Pneumonia—Three seamen were removed to hospital.

Tuberculosis—One Indian seaman was removed to Robroyston Hospital.

CASES OF ILLNESS REPORTED ON VESSELS ON ARRIVAL AT GLASGOW.

Disease	Hospital	Home	Clinic	On Board	Died	Total
Chickenpox	2	—	—	1	—	3
Dysentery	1	1	—	—	—	2
Infective Hepatitis ...	1	—	—	—	—	1
Tuberculosis	1	—	—	—	—	1
Pneumonia	3	—	—	—	—	3
Miscellaneous	8	5	—	10	—	23
	16	6	—	11	—	33
	==	==	==	==	==	==

SAMPLES OF DRINKING WATER.

(a) *Chemical.*

Twenty-nine samples from ships and dockside waterpoints were examined by the City Analyst.

A special request was received from the Clyde Port Authority to test the water supply at Rothesay Dock, Clydebank, where the Royal Yacht and escorting destroyers were expected to berth during the Royal visit to Clydebank.

All pipe lines and hydrants were "scoured" and "flushed-out" prior to sampling. The initial samples were reported as unsatisfactory on account of the presence of iron in solution.

It was recommended that further "scouring" and flushing of the pipe lines be carried out and all hydrant boxes cleaned out before repeat samples were taken.

The final samples were more satisfactory and the water was reported suitable for dietetic purposes.

(b) Bacteriological.

Thirty-nine samples from ships and water points were examined by the Bacteriologist. Only one sample was reported doubtful as it gave a high bacterial count and evidence of coliform bacilli was present.

The master of the ship concerned was informed and tank cleaning was recommended to maintain a safe and wholesome water supply.

A telephone message was received from the London Port Health Authority informing us of the action taken by them in respect of a ship, proceeding to Glasgow, in which the drinking water system had been fouled with ballast water. The tanks had been emptied, cleansed, refilled and treble chlorinated. The tanks were then pumped out through the pipe lines, refilled and rechlorinated to Ministry of Transport standards. The final samples were reported as satisfactory.

IMMUNISATION AGAINST YELLOW FEVER.

During the year the Port Medical staff provided 153 seamen with immunisation against yellow fever. These men were members of the crews on vessels which were calling at ports within the yellow fever zone.

The six-year period for yellow fever vaccination has now been extended to cover a period of ten years. All current certificates are valid for such period from ten days after the date of vaccination, or from the date of revaccination.

DANGEROUS DRUGS REGULATIONS.

During the year four certificates were issued under the above Regulations to the masters of foreign-going vessels in the Port to enable them to complete the necessary medical supplies on their vessels. These certificates are retained by the supplier for the purpose of inspection.

ALIENS ACT, 1953.

There was a decrease in the number of vessels carrying alien passengers but an increase in the number of aliens landed at the Port. The comparable figures for the year 1965 were 74 vessels with 240 alien passengers as against 83 vessels with 226 alien passengers during the previous year. There were no rejections on medical grounds. Close co-operation was maintained with H.M. Immigration Officers in the examination of these persons and every assistance was given by the shipping companies in intimating times of arrival and boarding.

Aliens coming to live in the United Kingdom are now issued with a card on arrival, advising them to choose a family doctor as soon as possible and thereby qualify for medical and dental treatment through the National Health Service.

The following table shows the number and nationality of aliens arriving at the Port :—

American	...	...	...	...	...	...	100
Danish	...	...	...	...	...	...	4
Dutch	...	...	...	...	...	...	21
Finnish	...	...	...	...	...	...	2
French	...	...	...	...	...	...	1
German	...	...	...	...	...	...	37
Greek	...	...	...	...	...	...	8
Israeli	...	...	...	...	...	...	13
Norwegian	...	...	...	...	...	...	22
Polish	...	...	...	...	...	...	2
Spanish	...	...	...	...	...	...	2
Swedish	...	...	...	...	...	...	28
							<hr/>
							240
							<hr/> <hr/>

COMMON LODGING HOUSE.

The Queen's Dock hostel for Asiatic seamen continues to function smoothly.

The application for renewal of the licence is made annually by the shipping companies responsible for the running of the hostel. A weekly record is received from the Merchant Navy Welfare Board showing the number of inmates residing in the hostel

Despite the large number of foreign seamen who pass through the hostel in the course of a year, many of whom arrive here by air from India and other infected areas, the evidence of infectious disease among them is remarkably low. Only one seaman was removed to hospital during the year and his illness was only of minor importance.

HYGIENE IN CREW'S ACCOMMODATION, ETC.

Under the Public Health (Scotland) Act, 1897, 13 intimations were issued to masters of ships in the dock area and 172 verbal warnings to ship's officers in respect of minor defaults and nuisances discovered during the inspectors' visits. Forty-four verbal warnings were also given in regard to fouling of the quayside due to improper discharge from ships.

A total of 1,989 initial visits and revisits was made by the inspectors during the year.

The following tables indicate the type of defect and the number and nationality of the vessels on which they were located :—

SUMMARY OF STRUCTURAL AND OTHER DEFECTS.

Accumulation of refuse on deck	...	...	28
Accumulation of refuse on floors	...	...	20
Drinking water tank requiring cleansing	...	...	1
Food lockers broken or dirty	...	...	1
Galleys dirty	...	...	14
Heating apparatus defective	...	...	4
Messroom tables—surface broken or dirty	...	...	6
Paintwork dirty, requiring cleansing and repainting	...	...	6
Ports, decklights, etc., defective	...	...	1
Quarters—approach alleyways dirty	...	...	8
Quarters—dirty	...	...	7
Quarters—verminous	...	...	68
Scuppers choked	...	...	26
Ventilation defective	...	...	7
Wash basins—broken or defective	...	...	1
Wash basins—foul	...	...	3
Water-closets—flushing apparatus defective	...	...	15
Water-closets—foul or choked	...	...	22
Water-closets—floors broken	...	...	8

NUMBER AND NATIONALITY OF VESSELS ON WHICH
DEFECTS WERE DISCOVERED.

	<i>Defective</i>
American	1
Belgain	1
British	116
Cypriot	1
Danish	1
Dutch	10
German	4
Greek	3
Indian	15
Israeli	1
Italian	3
Japanese	1
Liberian	7
Nigerian	2
Norwegian	6
Panamanian	6
South African	1
Spanish	2
Swedish	2
United Arab Republic	1
Yugo-Slav	1
	185
	185

COASTERS.

British	19
Dutch	3
Irish	1
	23
	23

HYGIENE AND SANITATION IN DOCK AREAS.

Recently complaints have been received that dust particles from the granary at Meadowside Quay are being carried by the prevailing wind to near-by food premises and dwelling-houses, thereby creating a nuisance and possible danger to health.

Investigation of this complaint by the sanitary and port health inspectors confirms the existence of this nuisance.

An intimation under the Public Health (Scotland) Act, 1897, was sent to the Clyde Port Authority as owners of the granary and machinery used in the conveyance of grain being discharged from ships.

The constructional engineers, who are responsible for the recently erected installations, are preparing a report on the measures necessary to overcome this nuisance.

Two intimations and one verbal warning were issued to the Clyde Port Authority for nuisances arising on their premises in the dock areas.

FACTORIES ACT, 1961.

The table below shows the number of premises and the number of visits made to factories in the dock areas :—

No. of Premises Registered at 31.12.65			No. of Premises Inspected during Year			No. of Visits		
Mech.	Non- Mech.	Total	Mech.	Non- Mech.	Total	Mech.	Non- Mech.	Total
20	2	22	20	2	22	65	4	69

THE FOOD HYGIENE (SCOTLAND) REGULATIONS, 1959-1961.

Very few canteens are still in use in the dock areas. They are poorly supported by the dock workers and some have been operating at a loss in recent years.

No. of Premises	No. of Premises Inspected	No. of Visits
4	4	28

RAT DESTRUCTION.

The total number of rats destroyed during the year was 213. Of that total 181 were destroyed on board foreign-going ships, 116 as the result of fumigation by H.C.N. gas and 65 by trapping.

The rat searchers made 3,470 visits to ships in the Port and 5,067 visits to premises in the dock areas. During the visits to premises in the dock areas evidence was found in 50 instances. Traps were set and 32 rats were caught.

Forty-five specimens of rats, 32 from ships and 13 from shore premises, were submitted to the Bacteriologist for examination for *Pasteurella Pestis* and negative results were reported in each instance.

The following tables show details of rats destroyed on board ship and in the quayside sheds and other premises within the dock areas :—

ON BOARD FOREIGN-GOING SHIPS.

Method of Destruction	Infected Ports				Non-Infected Ports				Total
	R. Rattus		R. Norvegicus		R. Rattus		R. Norvegicus		
	M.	F.	M.	F.	M.	F.	M.	F.	
H.C.N.	65	36	—	—	8	7	—	—	116
Trapping	31	26	—	—	4	4	—	—	65
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>
	96	62	—	—	12	11	—	—	181
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>

IN CARGO SHEDS AND OTHER PREMISES.

	Male	Female	Total
R. Rattus	11	11	22
R. Norvegicus ...	6	4	10
	—	—	—
	17	15	32
	—	—	—

INTERNATIONAL DERATTING AND DERATTING EXEMPTION CERTIFICATES.

The total number of certificates issued during the year was 365.

Deratting Certificates were issued to 9 ships after fumigation with H.C.N. gas and 11 Deratting Certificates to ships which had been cleared by trapping operations. Deratting Exemption Certificates were issued to the remaining 345 ships.

Fourteen certificates were issued to new vessels at the request of shipping companies.

Thirty-two certificates were also issued to ships berthed at outlying quays at Ardrossan, Bowling, Faslane, Finnart, Irvine, Paisley and Troon.

On one or two occasions this year it was discovered that ships carrying valid Deratting Exemption Certificates were infested with rats. During the coastal voyage to British ports as many as 26 and 32 rats respectively were trapped in each instance. One of these ships had been issued at a foreign port with a new Deratting Exemption Certificate while loaded with 3,000 tons of outward bound cargo.

PREVENTION OF DAMAGE BY PESTS ACT AND
APPLICATION TO SHIPPING ORDER.

Rodent Control Exemption Certificates were issued to 30 coastal vessels during the year.

RAGS, HAIR, HIDES AND BONES.

The following table shows the amount of imported rags, hair, hides and bones with the country of origin :—

Country of Origin	Rags		Hair (Various)		Hides (Various)		Bones	
	No. of Ships	No. of Bundles	No. of Ships	No. of Bundles	No. of Ships	No. of Bundles	No. of Ships	No. of Bundles
Africa ...	—	—	1	40	7	1,411	1	400
America ...	4	157	5	415	4	254	1	38
Australia ...	—	—	—	—	12	2,680	—	—
Canada ...	—	—	—	—	3	2,458	—	—
Cyprus ...	—	—	—	—	—	—	1	400
Egypt ...	8	4,456	—	—	1	20	1	600
Europe ...	47	4,613	8	301	7	606	—	—
France ...	—	—	—	—	7	3,669	—	—
India ...	—	—	2	32	1	3	17	35,918
Japan ...	—	—	—	—	10	7,533	—	—
South Africa ...	—	—	1	8	5	199	—	—
South America ...	—	—	1	49	2	583	5	135,056
Spain ...	1	43	—	—	—	—	2	2,600
Sweden ...	1	185	—	—	—	—	—	—

Shipments of goatskins and bone grist, etc., are constantly checked for *Bacillus Anthracis*. Of the 68 samples submitted, 56 were negative and 12 positive for *Bacillus Anthracis*.

Information regarding positive samples is reported immediately to H.M. Inspector of Factories and other parties concerned.

PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD)
(SCOTLAND) REGULATIONS, 1962.

A consignment of hollandaise sauce was reported to contain potassium sorbate which, under the existing Regulations, is only permitted in five articles of food, viz., cheese, colouring matter, flour confectionery, marzipan and silicon anti-foam emulsion. The whole consignment was destroyed.

OFFICIAL CERTIFICATES.

Two consignments of canned meats failed to comply with the requirements laid down in the Imported Food (Scotland) Regulations, 1937-1948, in respect of Official Certificates.

In one consignment the Official Certificates were not in the form prescribed in the official extract of the Regulations. This consignment was detained pending an amendment to the Circular issued by the Home and Health Department on permitted establishment number for the country of origin in respect of meat and meat products.

The other consignment carried no Official Certificate whatsoever. It was refused entry and the consignee advised to export.

PUBLIC HEALTH (IMPORTED FOOD) (SCOTLAND)
REGULATIONS, 1937-1948.

The tonnage of imported foodstuffs from overseas showed an increase during the year of 176,831 tons. There was only a very slight increase on coastwise cargoes amounting to 500 tons.

The increase in foreign cargoes was mainly due to large consignments of grain arriving at the granary on Meadowside Quay. The new granary provides additional facilities for handling and storage of such cargoes.

Imports of desiccated coconut from Ceylon continue to maintain a high standard of purity and no *Salmonellae* were reported from the 599 samples submitted to the City Bacteriologist.

Imports of American Hen Egg Albumen Crystals were down slightly this year. Twenty-two shipments were received and 482 samples tested for *Salmonellae*. In five of these shipments 14 samples were reported positive for *Salmonellae*.

One small consignment of Swedish Hen Egg Albumen Crystals was sampled and reported satisfactory.

Eight shipments of Chinese Whole Egg Spray were imported and from 100 samples tested for *Salmonellae*, only one *Salmonella* was isolated.

Four consignments of Chinese Frozen Whole Egg were landed, but only one consignment was dealt with at Glasgow. The other three consignments went through to Edinburgh for storage and were dealt with by the Food Inspector there. Forty-eight samples were drawn from the Glasgow consignment and all gave negative results for Salmonellae.

There is no heat treatment chamber in the Glasgow area for the treatment of egg products positive with Salmonella. All positive batches of egg products are sent through to Edinburgh for heat treatment and are supervised by the Edinburgh Health Authority.

Almost 100 tons of grain were condemned as a result of water damage and disposed of for animal feeding purposes. Also condemned were 30 tons of rice which had been contaminated by chemicals and water after a fire on board ship. Several attempts were made to salvage this rice for human consumption but without result and it was eventually sold for animal feeding purposes.

Excess tin in a consignment of canned fruit was reported by the City Analyst. The fruit, although normal in appearance, possessed a metallic flavour and the syrup was slightly off-colour. The whole consignment was detained pending disposal.

Part of a consignment of tapioca affected by moulds due to excessive dampness during the voyage was condemned and sold for animal feeding.

Imported foodstuffs in general maintain a good standard in quality and purity. It is only on odd occasions that a consignment may fall short of the requirements laid down by the various food regulations. Importers, however, are always willing to co-operate when any such failure is brought to their attention.

The inter-port liaison, now firmly established between the major ports, supplies information on articles of food failing to comply with the requirements as laid down in the Imported Food Regulations, etc. This is a big step forward in the control of imported foods entering the country.

The following tables show the amount of foodstuffs imported during the year :—

FOREIGN IMPORTS, 1965.

TABLE "A".

Article	Weight		Article	Weight	
	Tons.	Cwts.		Tons	Cwts
Acids	235	13	Ginger	592	—
Aerated Waters	1	10	Glucose	279	5
Apples (Fresh)	6,548	17	Grapefruit	2,233	17
Apricots (Fresh)	175	—	Grapes	149	1
Baby Foods	2	10	Ham (Canned)	20	17
Bakers' Sundries	14	4	Herbs	1	5
Barley	47,063	—	Honey	221	13
Beans	585	10	Hops	2	5
Brandy	456	4	Indian Provisions	5	14
Butter	15,108	6	Jams and Jellies	131	19
Cake	5	—	Lard	124	4
Cakemix	14	18	Lemons	1,408	7
Casein	490	11	Lentils	3,322	15
Cereals	8	1	Macaroni	336	—
Champagne	32	16	Maize	286,226	5
Cheese	5,650	17	Malt	8,055	—
Cherries	474	9	Meat (Canned)	2,747	13
Chicken (Canned)	894	2	Meat (Preserved)	12	1
Chicken (Spread)	7	—	Meals	480	—
Chinese Provisions	15	—	Melons	2,402	16
Chutney	13	—	Milk Powder	2,135	16
Cinnamon Bark	2	9	Milo	12,119	—
Coconut (Desiccated)	1,257	—	Nectarines (Fresh)	7	10
Coconut (Fresh)	73	17	Nuts	507	9
Coconut Oil	—	5	Oils	931	13
Coffee	279	7	Onions	1,652	7
Condiments	8	9	Onions (Dehydrated)	51	19
Confectionery	8	13	Onions (Kibbled)	33	6
Corn	187,913	—	Onions (Powder)	41	16
Corn (Canned)	53	1	Oranges	14,474	18
Corn (Starch)	303	19	Peas	2,850	2
Crispbread	48	6	Pears (Fresh)	530	15
Egg (Albumen)	90	7	Peel (Various)	93	15
Egg (Dried)	21	13	Pepper	16	—
Egg (Emulsifiers)	21	—	Pickles	109	6
Egg (Fresh)	6	—	Plums (Fresh)	221	—
Egg (Frozen Whole)	128	—	Pomegranates	153	6
Egg (Spray)	31	—	Potatoes	8,765	10
Fats	203	—	Potatoes (Canned)	16	10
Fish (Canned)	1,180	11	Potato Powder	12	6
Fish (Paste)	6	—	Puddings	5	—
Fish (Salted)	100	—	Rice	3,514	8
Fish (Shell)	48	10	Rum	491	10
Flavourings	3	12	Sago	166	—
Flour	37,439	13	Salt	—	5
Food Beverage	3	11	Sauces	52	6
Food Mixes	4	18	Seasonings	6	2
Fruit (Canned)	34,732	14	Seaweed	410	—
Fruit (Dried)	9,183	16	Soups	25	7
Fruit (Juice)	5,603	12	Soup (Stock)	28	—
Fruit (Pie-Filling)	29	5	Soya Beans	2,265	—
Fruit (Preserved)	2	1	Spaghetti	1	2
Fruit (Pulp)	420	13	Spices	6	18
Fruit (Skins)	24	8	Sugar	1,580	—
Gelatine	2	—	Syrup	10	18

FOREIGN IMPORTS 1965—*Continued.*TABLE "A"—*Continued.*

Article	Weight		Article	Weight	
	Tons.	Cwts.		Tons.	Cwts.
Tapioca	268	4	Tomatoes (Puree Paste)	473	15
Tapioca (Starch)	24	6	Vegetables (Canned) ...	624	12
Tea	1,562	17	Vegetables (Dehydrated)	117	15
Tomatoes (Canned)	773	12	Vegetables (Fresh) ...	184	19
Tomatoes (Flakes)	21	19	Vegetables (Powder) ...	4	12
Tomatoes (Juice)	523	5	Vegetables (Preserved)	70	16
Tomatoes (Powder)	279	10	Wheat	209,721	—
Tomatoes (Preserved)	—	15	Whisky	90	19
Tomatoes (Pulp)	3	—	Wine	5,025	1

Total Weight—938,841 tons, 12 cwts.

COASTWISE IMPORTS.

TABLE B.

Article	Weight		Article	Weight	
	Tons	Cwts.		Tons	Cwts.
Aerated Waters	6	—	Meats (Canned)	372	17
Apples (Fresh)	276	9	Meats (Cooked)	22	18
Barley	3	1	Nuts	3	1
Beer	5,491	4	Oils	—	2
Biscuits	13	19	Pears (Fresh)	1	5
Blackcurrants	14	7	Peas	2	—
Brambles	—	15	Pork (Canned)	4	10
Butter	181	16	Pork (Salt)	6	12
Cake	4	17	Potatoes	28	15
Cheese	10	7	Potato (Crisps)	—	17
Chocolate Couverture	805	1	Potato (Flakes)	—	4
Chocolate Crumb	828	4	Potato (Powder)	72	12
Chicken (Frozen)	2	—	Potato (Seed)	11	—
Coffee	7	7	Rice	—	2
Confectionery	37	18	Rice (Canned)	32	7
Damsons (Fresh)	6	11	Rum	—	3
Egg (Shell)	396	12	Sausages	2	12
Farinaceous Foods	—	8	Sconemix	—	6
Fats	39	4	Seasonings	2	14
Fish (Fresh)	3	18	Soup	—	6
Fish (Pickled)	117	4	Spice	—	11
Fish (Shell)	—	10	Stout	702	14
Fish (Smoked)	—	1	Strawberries (Fresh)	5	12
Flour	11	18	Sugar	1	3
Fruit (Canned)	144	1	Tea	15	2
Fruit (Pulp)	21	—	Tomatoes (Fresh)	4	17
Gammons	205	19	Tomatoes (Juice)	5	6
Gin	1	17	Tripe (Cooked)	2	17
Ham and Bacon	4,379	19	Vegetables (Canned) ...	147	2
Ham and Chicken	9	1	Vegetables (Dehydrated)	4	11
Jams and Jellies	1	12	Vegetables (Fresh) ...	54	8
Lager	852	17	Vodka	6	7
Lard	25	16	Whisky	147	11
Liqueur	8	11	Wine	4	17
Meal	7	16	Yeast	10	14

Total Weight—15,596 tons, 15 cwts.

The following foodstuffs were found unfit for human consumption and disposed of to the satisfaction of the Port Medical Officer:—

Article	Weight Cwts. Qrs.	Article	Weight Cwts. Qrs.
Acids	13 —	Lentils	2 —
Apples	2 3	Macaroni	— 1
Barley	845 —	Maize	140 —
Beans	86 —	Meat (Canned)	60 3
Butter	1 1	Nuts	38 1
Cakemix	4 2	Oranges	— 2
Chicken (Canned)	22 1	Peas	22 3
Coconut (Desiccated)	10 1	Pickles	— 1
Corn	1,460 —	Potatoes	2,767 2
Corn (Canned)	3 —	Potatoes (Canned)	— 2
Chocolate Couverture	8 —	Rice	6,604 2
Fish (Canned)	6 2	Salad Dressings	— 1
Flour	585 3	Sauce	1 2
Fruit (Canned)	605 —	Soup	1 3
Fruit (Dried)	28 —	Syrup	2 1
Fruit (Juice)	78 2	Tapioca	31 1
Fruit (Pie-Filling)	— 1	Tea	1 —
Fruit (Powdered)	1 —	Tomatoes (Canned)	28 —
Fruit (Pulp)	22 1	Tomatoes (Juice)	17 1
Ginger	2 —	Tomatoes (Puree & Paste)	4 2
Grain	180 —	Tomatoes (Pulp)	1 3
Hams	6 3	Vegetables (Canned)	21 2
Honey	— 3	Wheat	180 —
Jams and Jellies	14 3	Wine	39 gallons
Lemons	55 —		

Total Weight—13,970 cwts. 3 qrs. and 39 gallons.

FOODSTUFFS EXAMINED BY CITY ANALYST.

Article	Fit for Human Consumption	Unfit for Human Consumption or not Conforming to Regulations	Remarks
Acids	2	—	
Apples	4	—	
Beans	3	—	
Brandy	4	—	
Butter	8	—	
Cake	1	—	
Cakemix	7	—	
Cheese	7	—	
Cheese (Dehydrated)	1	—	
Cherries	4	—	
Chicken (Canned)	14	1	Bacterial decomposition.
Chinese Provisions	4	—	
Chocolate Couverture	—	1	Sea water damage.
Chutney	1	—	
Coconut (Desiccated)	5	2	Moulds, contaminated.
Coffee	2	—	
Confectionery... ..	3	—	
Corn (Canned)	2	—	
Crispbread	2	—	
Eggs (Albumen)	39	—	
Eggs (Frozen Whole)	10	—	
Eggs (Spray)... ..	3	—	
Fats	1	—	
Fish (Canned)	37	—	
Fish (Shell)	12	—	
Fish (Spread)	2	—	

FOODSTUFFS EXAMINED BY CITY ANALYST—*Continued.*

Article	Fit for Human Consumption	Unfit for Human Consumption or not conforming to Regulations	Remarks
Flour	4	1	Insect infestation.
Food colouring. ...	1	—	
Fruit (Canned) ...	139	5	Non-permitted colouring matter and excess tin.
Fruit (Dried) ...	41	1	Damp and mouldy.
Fruit (Juice) ...	28	—	
Fruit (Pie-Filling) ...	3	—	
Fruit (Preserved) ...	7	2	Non-permitted colouring.
Fruit (Pulp) ...	3	1	Excess preservative.
Gelatine	1	—	
Ginger	2	—	
Grapes	3	—	
Groundnuts	1	—	
Ham (Canned) ...	1	—	
Honey	6	—	
Jams and Jellies ...	10	2	Fermentation.
Lard	2	—	
Lemons	2	—	
Lentils	—	1	Oil contamination.
Macaroni	1	—	
Meat (Canned) ...	45	—	
Meat (Flavouring) ...	6	—	
Mineral Water ...	1	—	
Nuts	20	3	Moulds.
Oil	1	—	
Onions (Dehydrated)	1	—	
Oranges	2	—	
Pears	1	—	
Peas	2	2	Moulds.
Peel	2	—	
Pickles	9	—	
Potato Powder ...	3	—	
Rice	12	2	Contaminated siliceous matter, oil contamination.
Rice (Canned) ...	2	—	
Rice (Flour)	1	—	
Rum	11	—	
Sago	1	—	
Salad Dressings ...	5	—	
Sauce	2	1	Prohibited preservative.
Seasonings	11	—	
Soup	4	—	
Spice	1	—	
Syrup	1	—	
Tapioca	2	—	
Tea	54	1	Contaminated extraneous matter.
Tomatoes (Canned) ...	12	—	
Tomatoes (Juice) ...	6	—	
Tomatoes (Pulp) ...	2	—	
Vegetables (Canned)	12	—	
Vegetables (Dried) ...	4	—	
Vegetables (Fresh) ...	2	—	
Vegetables (Powder)	1	—	
Vegetables (Preserved)	1	—	
Whisky	1	—	
Wine	21	—	
	<u>695</u>	<u>26</u>	

SAMPLES SUBMITTED TO CITY BACTERIOLOGIST.

Article	Sound	Unfit	Remarks
Beans	2	—	
Cake	4	—	
Cakemix	1	—	
Chicken (Canned)	1	1	Blown, contaminated with spor- ing aerobic bacilli.
Coconut (Desiccated)	599	—	
Egg (Albumen)	468	14	Salmonella infection.
Egg (Spray)	99	1	Salmonella infection.
Egg (Frozen Whole)	48	—	
Fish (Canned)	8	—	
Fish (Shell)	11	—	
Gelatine	1	—	
Ham (Cured)	1	—	
Jams and Jellies	1	—	
Macaroni	1	—	
Meat (Canned)	28	—	
Vegetables (Fresh)	2	—	
	1,275	16	

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS (SCOTLAND) 1937.

The following statement, submitted by the Corporation Veterinary Inspector, indicates the work done under the Foreign Meat Regulations during 1965 :—

EXAMINED.

<i>Beef</i> —				<i>Mutton Offal</i> —			
Quarters ... ..	...	...	5,791	Hearts, cartons ... ..	...	...	455
Cartons ... ..	...	...	98,823	Livers, cartons ... ..	...	...	7,464
<i>Mutton</i> —				Kidneys, cartons			
Carcases ... ..	...	...	20,694	Casings, tierces ... ..	...	...	2,482
Cartons ... ..	...	...	6,194	Mixed Offal, cartons ... ..	...	...	1,252
<i>Lamb</i> —				<i>Lamb Offal</i> —			
Carcases ... ..	...	...	59,585	Livers, cartons ... ..	...	...	4,910
<i>Kangaroo Meat</i> —				<i>Veal Offal</i> —			
Cartons ... ..	...	...	4,444	Mixed Offal, cartons ... ..	...	...	122
Bags ... ..	...	...	526	<i>Inedible Offal</i> —			
<i>Beef Offal</i> —				For animal feeding, bags			
Tongues, bags ... ..	...	...	768	<i>Boneless Chicken</i> —cartons			
Lungs, bags ... ..	...	...	187	Chicken Portions—cartons			
Livers, cartons ... ..	...	...	4,002	Turkey Breasts—cartons			
Stomachs, bags ... ..	...	...	1	Turkey Rolls—cartons			
Kidneys, cartons ... ..	...	...	1,629				
Pancreas, cartons ... ..	...	...	552				
Casings, tierces	19				
Mixed Offal, cartons	2,081				

CONDEMNED.

<i>Beef</i> —cartons	1	<i>Mutton</i> —carcasses	1
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SECTION XII

HOUSING.

The total number of municipal houses completed during 1965 was 4,760. The following table shows the rate of completion since 1961 by the Corporation and the Scottish Special Housing Association :—

Year	Direct Labour	Contractors	Scottish Special Housing Assoc.	Total Municipal Houses from all Sources
1961	2,116	769	164	3,049
1962	1,646	303	56	2,005
1963	2,299	865	328	3,492
1964	2,356	1,952	482	4,790
1965	2,014	2,145	601	4,760

RENT ACT, 1957.

Return of applications made to the Local Authority during the year :—

Applications for Certificates	...	...	...	...	...	...	8
Of which—							
Granted	...	...	...	...	...	...	3
Refused	...	...	...	...	...	...	3
Cancelled	...	...	...	...	...	...	1
Outstanding	...	...	...	...	...	...	1
Applications for Revocation of Certificates	...	...	...	...	...	...	1
Of which—							
Granted	...	...	...	...	...	...	1
Refused	...	...	...	...	...	...	—
Cancelled	...	...	...	...	...	...	—
Outstanding	...	...	...	...	...	...	—

No other certificates were issued under the Act.

REHOUSING OF TUBERCULOUS FAMILIES.

TABLE I.

Year	Number of Families	
	Recommended	Rehoused
1934-45	...	3,764
1946-55	...	5,459
1956-61	...	2,051
1962	...	113
1963	...	65
1964	...	63
1965	...	44
		<hr/> 11,559 <hr/>
		<hr/> 8,156 <hr/>

TABLE II.

Recommendations, 1934 to December, 1965	...	...	...	...	...	...	...	...	...	...	11,559
Number of Families Rehoused :—											
Rehousing	...	...	...	...	...	...	...	...	...	...	2,281
Intermediate	...	...	...	...	...	...	...	...	...	...	1,938
Ordinary	}	...	...	...	...	...	...	...	...	...	3,436
Super Ordinary											
City Factor's Houses and Others	...	...	...	...	...	...	...	...	...	...	179
Temporary Houses	...	...	...	...	...	...	...	...	...	...	322
Recommendations remaining but not yet Rehoused—											
Refused Offers	...	...	...	...	...	...	...	...	...	...	187
Did not reply	...	...	...	...	...	...	...	...	...	...	184
Gone away—Address unknown	...	...	...	...	...	...	...	...	...	...	505
Cancelled	...	...	...	...	...	...	...	...	...	...	885
Patient Deceased	...	...	...	...	...	...	...	...	...	...	1,588
Still to be dealt with	...	...	...	...	...	...	...	...	...	...	11,505
											54

TABLE III.

SUMMARY OF TUBERCULOUS FAMILIES REHOUSED SINCE 1934.

	1934/55	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	Total
1934/54	5,688	113	24	2	7	3	—	1	—	—	—	5,838
1955	168	171	15	3	4	5	—	—	1	—	—	367
1956	—	260	159	11	3	1	1	—	—	1	—	436
1957	—	—	297	155	24	11	4	4	—	—	—	495
1958	—	—	—	138	115	37	6	1	1	—	—	298
1959	—	—	—	—	86	100	17	2	—	—	—	205
1960	—	—	—	—	—	78	66	3	4	—	—	151
1961	—	—	—	—	—	—	86	51	13	4	—	154
1962	—	—	—	—	—	—	—	57	30	3	—	90
1963	—	—	—	—	—	—	—	—	29	20	2	51
1964	—	—	—	—	—	—	—	—	—	41	11	52
1965	—	—	—	—	—	—	—	—	—	—	19	19
	5,856	544	495	309	239	235	180	119	78	69	32	8,156

SECONDARY PRIORITY SCHEME.

During 1965, 325 recommendations were made under the scheme.

This figure in no way represents the amount of work involved in investigating and assessing the thousands of applications received by the Department.

DETERIORATION OF PROPERTY.

During the year 2,079 dwellings were represented by the Medical Officer of Health to the Housing Committee as uninhabitable. The wastage of houses over the last ten years is shown in the following table :—

Year	Closing Order	To be Rendered Fit for			Total
		Demoli- tion Order	Human Habi- tation	Slum Clear- ance	
1956-60	3,608	4,901	12	*1,381	9,659
1961	900	945	—	—	1,845
1962	841	971	—	—	1,812
1963	1,149	797	—	—	1,946
1964	929	1,053	—	—	1,982
1965	1,019	1,060	—	—	2,079
	8,446	9,727	12	*1,381	19,323

*Includes 243 houses previously dealt with by Closing and Demolition Orders.

The number of houses condemned by the Master of Works as dangerous in 1965 was 461.

SUPERVISION OF TENANTS IN HOUSING SCHEMES.

The development of this important branch of the Department's work from its inception in 1923 was fully reviewed in this section of the 1957 Annual Report.

This service, which was extended in 1956, now includes—

1. The visitation of new schemes as they are occupied, e.g., Castlemilk, Arden and Easterhouse.
2. Visits to new houses where the tenants are in residence and having difficulties.
3. The visitation of backward and feckless families about to be rehoused, including families who are overcrowded and have long-standing applications.

Details of the number of visits paid to houses in the various schemes, (Ordinary and Intermediate), and the conditions found, are shown in the Appendix Table XV General Sanitary Operations (Section 30).

*Supervision of Tenants in Housing Schemes.**(a) Condition as to Cleanliness.*

The number of houses in the various rehousing schemes reported on is 14,989.

No. of tenants under supervision at 1st January, 1965	...		14,814
Of which evicted or left owing rent during 1965	...	272	
Of which left voluntarily during 1965	... ..	750	
		<hr/>	1,022
Of which remaining as at 31st December, 1965	... ..		13,792
No. of tenants obtaining entry during 1965	... ..		995
Total number of tenants remaining as at 31st December 1965	...		<hr/> <hr/> 14,787

At the beginning of the year, 14,814 households were under supervision and at the end of the year, 14,787. The number of new tenants was 995. There were 1,022 removals or 6·8 per cent. of the total occupancies.

The changes in the condition of the 13,792 households under supervision throughout the whole year were as follows:—

Condition at beginning of Year—				Group Percentages	Condition at end of Year			
					Clean	Fair	Dirty	Total
Clean	...	...	9,378	68·0	9,234	133	—	9,367
Fair	...	...	4,234	30·7	348	3,863	34	4,245
Dirty	...	...	180	1·3	—	45	135	180
			<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
			13,792	100·0	9,582	4,041	169	1,792
			<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Group percentages					69·5	29·3	1·2	100·0

A similar table is given for the 995 tenants who obtained entry during the year and were still resident in the schemes at the close:—

Condition at date of entry—				Group Percentages	Condition at end of Year			
					Clean	Fair	Dirty	Total
Clean	...	...	397	39·9	298	99	—	397
Fair	...	...	586	58·9	29	556	1	586
Dirty	...	...	12	1·2	—	10	2	12
			<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
			995	100·0	327	665	3	995
			<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Group percentages					32·9	66·8	0·3	100·0

The condition, prior to removal, of the houses occupied by families who were evicted or left owing rent, and by tenants removing voluntarily during the year is compared in the following table :—

Condition at date of removal—	Tenants Evicted during 1964		Tenants Removing voluntarily during 1965	
	Number	Group Percentages	Number	Group Percentages
Clean	80	29.4	521	69.5
Fair	172	63.2	227	30.3
Dirty	20	7.4	2	.2
	<u>272</u>	<u>100.0</u>	<u>750</u>	<u>100.0</u>

(b) Bug Infestation.

Of the 14,989 houses under supervision, only one (0.01 per cent.) was found to contain any evidence of bug infestation.

PROGRESS OF BUG INFESTATION PREVENTION IN REHOUSING SCHEMES.

Year	Number of Houses Inspected	Number of Houses in which Bed Bugs were found				Percentage of Total Number of Houses			
		Trace	M.I.	S.I.	Total	Trace	M.I.	S.I.	Total
1934-38 ...	60,141	933	1,108	1,829	3,870	1.55	1.84	3.04	6.43
1939-43 ...	73,529	244	314	688	1,246	0.33	0.43	0.93	1.69
1944-48 ...	73,845	150	119	537	806	0.20	0.16	0.73	1.09
1949-53 ...	74,001	68	164	335	567	0.09	0.22	0.45	0.77
1954 ...	14,925	14	28	24	66	0.09	0.19	0.16	0.44
1955 ...	14,925	12	16	38	66	0.08	0.11	0.25	0.44
1956 ...	14,925	5	30	12	47	0.03	0.20	0.08	0.31
1957 ...	14,925	2	5	20	27	0.01	0.03	0.14	0.18
1958 ...	14,925	4	14	9	27	0.03	0.09	0.06	0.18
1959 ...	14,965	—	18	5	23	—	0.12	0.03	0.15
1960 ...	14,965	4	6	7	17	0.03	0.04	0.05	0.11
1961 ...	14,965	5	14	8	27	0.03	0.09	0.05	0.18
1962 ...	14,989	2	3	3	8	0.01	0.02	0.02	0.05
1963 ...	14,989	1	—	—	1	0.01	—	—	0.01
1964 ...	14,989	—	2	—	2	—	0.01	—	0.01
1965 ...	14,989	—	—	1	1	—	—	0.01	0.01

Trace—Old hatched eggs or bug casts only.

Medium Infestation (M.I.)—Live bugs or eggs on furnishings only.

Serious Infestation (S.I.)—Live bugs or eggs on furnishings and in structure of buildings.

DISINFESTATION UNIT.

The work of the Unit has been maintained at the same satisfactory level, the total number of apartments treated varying little from previous years.

The following table shows the amount of work carried out in each Division :—

TABLE I.

Division	Number of Apartments Treated					Total
	Bug Infestation	Tenants being Rehoused	Cockroach Infestations	Other Insects		
Central	20	20	134	325	499	
Northern	127	674	172	612	1,585	
Eastern	102	214	128	543	987	
South-Eastern ...	47	20	73	345	485	
South-Western ...	54	5	94	245	398	
	<u>350</u>	<u>933</u>	<u>601</u>	<u>2,070</u>	<u>3,954</u>	

Rehousing.—This still remains a major activity of the Unit although the number of apartments treated shows a slight decrease on the previous year.

Other Insects.—Once again this part of the Unit's work has followed the same pattern as in previous years, showing an increase in the number of visits and apartments treated. The most common complaints under this heading are spider beetles, plaster or fungus beetles, earwigs and Dermistis beetles. As most of the complaints come from the new housing schemes on the outskirts of the City, these investigations take up a great amount of time which cannot be shown by statistics.

The following table shows the amount of work carried out in each Division in respect of other infestations :—

TABLE II.

Division	Vermineous Bedding	1 flea Infestation	Fly Infestation	Other Insects	Total
Central	78	142	6	99	325
Northern	21	445	17	129	612
Eastern	12	280	8	243	543
South-Eastern ...	16	226	—	103	345
South-Western ...	23	129	7	86	245
	<u>150</u>	<u>1,222</u>	<u>38</u>	<u>660</u>	<u>2,070</u>

Insect Identification.—For the identification of insects the services of the Unit were requested on 80 occasions. This part of the work has greatly increased, probably due to either the public becoming more insect conscious or less reluctant to report insect infestation in their homes. Once again the Unit would like to record its sincere thanks to the staff at the Zoology Department, Glasgow University, for all the help so willingly given throughout the year.

Other premises.—In addition to the work shown in the previous tables, 257 treatments of other premises (restaurants, shops, schools, clinics, factories, etc.) were carried out for numerous kinds of insect pests. During the months May to October two additional operators were employed for fly control and 4,358 treatments of ashbin shelters, stables and piggeries were given.

Following requests from the Police, City Factor and householders, the Unit successfully dealt with 40 wasp nests which were either on or in close proximity to houses, schools, nurseries, etc.

The following table shows the number of visits made during the year for all types of infestation :—

TABLE III.

Bug Infestation and Rehousing	...	...	1,654
Cockroach Infestation	...	...	1,181
Verminous Bedding	...	...	190
Flea Infestation	...	...	714
Fly Infestation	...	...	100
Other Insect Infestation	...	...	1,216
			<hr/>
			5,055
			<hr/>

Insecticides.—Although many new insecticides arrive on the market, D.D.T., Lindane and Pybuthrin are still giving satisfactory results. Experiments were carried out with the new Vapona strips and excellent results were obtained against the house fly in various types of premises.

SECTION XIII

WESTERN REGIONAL HOSPITAL BOARD.

THE CITY LABORATORY.

Tempora mutantur, nos et mutamur in illis is a truism which laboratory workers accept more readily than most people. He who resists or resents change will find no contentment in a scientific career, and this applies to the various branches of clinical pathology no less than to the other biological and physical sciences. "Times change" and so does knowledge; patients' wants and communal needs change and new ways must be found to meet them; techniques and equipment change and, inevitably, laboratories change—in outlook, character and function. It is a continuing, evolutionary process, which for the most part, pursues a steady course, but every now and then, through some circumstance or other, its pace perceptibly quickens. During the last three or four years the City Laboratory has experienced one of these periodic surges of change. There has been a change in its administrative control, its layout and facilities have altered materially, and the type of service it provides has developed in new directions. But in 1965 it endured the most potentially traumatic of all changes—a drastic change of staff; between April and October three out of the four graduate appointments changed hands.

Dr. Jean Young, who retired in April from the post of Deputy Director, had joined the staff in 1929 and had served under Dr. R. M. Buchanan, the first whole-time bacteriologist to preside (from 1899 to 1930) over the Laboratory, as well as his four successors, and from 1959 to 1962 she had been in temporary charge of it herself. Thus, not only was she an accomplished bacteriologist, but she also knew more about the Laboratory and its work and was better known to those who had been associated with it over the past three decades than any other member of the staff. Her leaving, therefore, meant the severance of many deeply-cherished ties. Dr. Anne Gunn, Assistant Bacteriologist, retired at about the same time. She had been originally appointed even earlier than Dr. Young, but had left, on the occasion of her marriage, during the war. In 1956 she returned to her post with an undiminished zest for hard work and a renewed interest in her subject. She gave special attention to the Laboratory investigation of venereal diseases, and the successful adoption by the Laboratory of the serological techniques currently favoured for the diagnosis of syphilis owes much to her energy and enthusiasm. Their former colleagues wish them both well in their retirement.

The third to leave was Dr. G. D. Anagnostopoulos, Assistant (Non-Medical) Bacteriologist. His tenure of the post, though all too brief, had been impressive, but his original work earned him even wider recognition, culminating in his appointment to a lectureship, which he took up in October, at Queen Elizabeth College in the University of London.

Three key vacancies in such rapid succession seemed to presage quite an upheaval, but they were all filled without delay. Dr. Morag C. Timbury was appointed Deputy Director, and Dr. Kathleen B. Hare and Mrs. Elaine McLaren (née Liddell) B.Sc. to succeed Dr. Gunn and Dr. Anagnostopoulos respectively—a most fortunate accession of fresh talent at a crucial time; and so, circumstances which might so easily have caused disruption of laboratory activities were, in the event, turned to very good account.

Figures, for what they are worth, give added proof of unabated effort, no less than 174,693 examinations being conducted during the year, an increase of about 7 per cent. as compared with 1964. From 1963-64 the increase had been 14 per cent. and in the previous year 16 per cent. This seems to indicate that the rise in the demands made upon the Laboratory is beginning to level off, but it would be rash to attempt any firm prediction; more probably the work-load may be expected to fluctuate from year to year.

During the summer the well-publicised Blackpool outbreak of paratyphoid fever had its slight repercussions on laboratory work in Glasgow. This apart, there was in 1965 no epidemic of note to call for special measures, but the range of investigations undertaken lacked neither variety nor interest.

COMMUNICABLE DISEASES—EPIDEMIOLOGICAL INVESTIGATIONS.

Bacterial infections of the Pharynx.—Unlike the preceding two years *C. diphtheriae*, fortunately, was not encountered once, although 511 swabs—rather more than in 1964—were examined specifically for this pathogen. Its fellow-marauder, *Strep. pyogenes*, was likewise less active and was isolated from only 164 (21.8 per cent.) of 753 swabs examined (compared with 41.6 per cent. of 463 in 1964). In the last Annual Report reference was made to the rumoured emergence of tetracycline resistance among these Group A haemolytic streptococci, and it can now be seen that a similar state of affairs obtains in Glasgow to that reported from other areas, because no less than 37 (22.5 per cent.) of the 164 strains isolated were indeed resistant to this antibiotic, while retaining full sensitivity to penicillin. It is not known how many

of these patients had been treated with tetracycline, nor how many so treated developed any complications, but it would be surprising if they all enjoyed freedom from sequelae, and a single case of rheumatic fever or acute nephritis, or even otitis media, is much too high a price to pay for the dubious "convenience" of blunderbuss therapy with a broad-spectrum antibiotic. This is not to be construed as an attempt to "sell" penicillin—in itself far from innocuous if unwisely used—but rather as a plea for greater discrimination in antibiotic therapy. Excepting diphtheria (which must be treated—*with antitoxin*—on uncorroborated clinical evidence, without delay) no patient with a sore throat will come to much harm if antibiotics are withheld for 12 to 18 hours whilst awaiting the result of a swab-culture; once the organism is known treatment can be rationally prescribed, and even a negative result is helpful, because it raises at least the possibility of a virus infection—a common cause of sore throats—which no amount of antibiotics will benefit. Laboratory facilities exist to add precision to clinical diagnosis; let full advantage be taken of them.

Vincent's Angina and/or Stomatitis was confirmed bacteriologically in 9 cases, the number of swabs examined being 422. The incidence of this infection was thus no higher than in the previous year, when four out of 208 swabs examined gave positive results.

Staphylococcal Infections.—*Staph. aureus* was isolated from only 94 of the large numbers of nose, throat and conjunctival swabs, sputa, swabs of skin lesions, etc. which were examined (almost all of which were received from general practitioners or from clinics), illustrating yet again that this organism does not menace patients in their own homes to anything like the extent it does in hospital. But more of the strains isolated in 1965 were resistant to penicillin than those encountered in the previous three years, the overall resistance-rate being 64.6 per cent. compared with around 50 per cent. in 1962-64. That this may indicate a greater dissemination of hospital staphylococci among the community at large is open to argument but, whatever the explanation, it is an unwelcome trend.

Glandular Fever.—Requests for the Paul-Bunnell test numbered 49, 15 of which gave positive results, compared with 4 out of 39 in the previous year. Nearly all the sera received were accompanied by specimens of blood with anticoagulant, so that it was possible to match the serological findings with the leucocyte counts and in these cases they correlated well.

Undulant Fever.—As in the previous year, surprisingly few specimens—seven in all—were received for the diagnosis of brucellosis, and one of these gave a serum titre of agglutinins rising well above 1 in 1,000.

The patient was a man of 37 and the nature of his illness—at least at the time that the first specimen was sent—did not obviously point to a diagnosis of undulant fever; indeed another man, whose blood was examined on the very same day with negative results, had symptoms so much more suggestive of brucellosis as to raise doubts that someone might have accidentally transposed the specimens, but repeat tests on both patients confirmed the first results beyond peradventure. This shows how utterly unpredictable this infection can be and corresponds with the opinion of those epidemiologists who believe that its incidence may be far higher than the limited number of requests received for its investigation can possibly reveal. The other point to note about this patient was that he became ill about a month after he had been on holiday in Caithness, where he had drunk raw milk from a tuberculin-tested herd later found to be infected with *Br.abortus*. This is not an unusual occurrence because, in certain areas, one in five of our dairy herds may harbour these organisms. Others planning a country holiday may care to ponder over this man's experience and think twice before indulging a fancy for the supposed excellence of "milk straight from the cow"; most town-dwellers nowadays will have been nurtured on the pasteurised product which, while keeping them safe from infection at home, will paradoxically have left them defenceless against any chance encounter with brucella.

Enteric Fever.—Examinations for evidence of enteric infections totalled 1,396 (95.4 of them repeat, or clearance, tests). This compared with 1,859 in 1964, an exceptionally high figure which reflected the anxiety engendered by the Aberdeen typhoid epidemic. *S.typhi* was isolated only once, from a known carrier. Forty individuals were found to be excreting *S.paratyphi B*. Among them there were 20 whose infection could be clearly linked with the Fylde (Blackpool) epidemic in August; most of them had been on holiday in that locality at the relevant time and all were infected with *S.paratyphi B*, Type 3b var. 6, which was the phage-type of the strain responsible for the outbreak. Fortunately, none of these twenty persons had a severe illness—most of them had no symptoms at all—and there was little or no evidence of secondary spread of the infection from them to their home contacts. It appears that the Fylde incident as a whole was, clinically, a mild affair, only about one in five of the 500-600 persons infected having symptoms, but this made it no less undesirable. No one can predict the severity of an epidemic of paratyphoid or any other infection, and even the mildest can upset people's plans, ruin holidays and cause financial loss, quite apart from the unease it creates; far better that it should never happen. It happened in Fylde because, as subsequent tests showed, a cow among a dairy herd, the milk yield

of which was sold *untreated* to householders and holidaymakers, had a symptomless *S. paratyphi B* mastitis. It could well have acquired the infection from some animal feeding-stuff, much of which is known to be contaminated with salmonellas—another problem which is being jointly tackled by producers and health officials—but the fact that the cow showed no signs of illness exonerates the farmer from blame. Neither should it be thought that the surveillance of milk supplies exercised routinely by local authorities can be relied upon to detect a hazard such as this; their sampling is necessarily random and the laboratory tests performed on the samples are designed to assess their general bacteriological “cleanliness” rather than to probe for specific pathogens. What else, then, can be done to safeguard consumers against this kind of risk? Repetitious though it may sound, under present conditions there can only be one answer; *persuade people not to drink raw milk.*

Of the remaining 20 persons from whom *S. paratyphi B* was isolated, 6 were known carriers and the others were mild cases, few of whom seemed to be connected with each other.

It appears that most of the City Water Department's employees have now been tested at least once for evidence of enteric infection, and that what will be required from now on will be the testing of new staff and the periodic re-testing of those in post. Thus only 30 specimens of blood and 62 of faeces were received for this purpose during the year. Occasionally one of these blood tests gives equivocal results and it is necessary to examine a further sample as well as a series of stool specimens before concluding that a slightly raised titre of agglutinins is a legacy of past T.A.B. inoculations; otherwise none of the individuals examined so far have given cause for any anxiety.

Food Poisoning due to other Salmonellae.—Although there was an increase in the number of specimens examined for food poisoning thought to have been caused by salmonellas—8,641, compared with 5,393 in 1964—positive results were obtained from only 129, representing 59 new cases or excretors (because some of the isolates were from repeat specimens); in the previous year these figures were 238 and 103 respectively. The accompanying table lists the strains isolated over the last twelve years and shows that the predominant serotype is still *S. typhimurium*, which accounted for 44 (74.5 per cent.) of the new cases. *S. infantis*, first isolated in Scotland a few years ago, from calves, is being more often incriminated as a cause of human infections. *S. livingston*, which had not previously been isolated in this Laboratory, claimed one case and *S. budapest* and *S. decatur* were two of the more exotic types not previously encountered.

In addition 198 specimens were received for these examinations from Stirlingshire ; only one gave a positive result, the organism being *S. enteritidis*.

	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954
<i>S. typhimurium</i>	44	68	35	52	70	93	73	40	92	123	122	87
<i>S. enteritidis</i> ...	—	1	4	—	—	—	8	3	1	2	10	4
<i>S. enteritidis</i> var.												
<i>jena</i> ...	6	—	—	—	15	—	—	—	—	—	—	—
<i>S. newport</i> ...	—	—	—	—	—	1	—	—	4	—	8	—
<i>S. thompson</i> ...	—	—	—	—	—	—	1	2	—	—	25	—
<i>S. potsdam</i> ...	—	—	—	—	—	—	—	—	1	—	—	—
<i>S. saint-paul</i> ...	—	1	—	—	—	—	—	—	5	—	—	—
<i>S. monteideo</i> ...	—	—	—	—	—	1	—	—	—	—	—	—
<i>S. bovis</i>												
<i>morbificans</i>	—	2	1	1	—	—	1	—	1	1	1	—
<i>S. san diego</i> ...	—	—	—	—	—	—	—	1	—	1	—	—
<i>S. senftenberg</i> ...	—	—	—	—	—	—	—	—	1	—	—	—
<i>S. bredeney</i> ...	—	—	—	1	—	—	—	—	—	—	—	—
<i>S. stanleyville</i> ...	—	—	—	4	1	—	—	—	—	—	—	—
<i>S. anatum</i> ...	2	3	3	—	—	—	—	—	—	1	—	—
<i>S. stanley</i> ...	—	—	—	28	—	4	—	—	2	—	—	—
<i>S. waycross</i> ...	—	—	—	—	—	—	—	—	—	1	—	1
<i>S. brancaster</i> ...	—	—	—	—	—	—	—	—	—	—	—	1
<i>S. johannesburg</i>	—	—	—	—	—	—	—	—	—	—	—	1
<i>S. cholerae suis</i>												
(var. <i>Kunzen-</i>												
<i>dorf</i> ...	—	—	2	—	—	—	—	—	—	—	—	1
<i>S. cholerae suis</i>												
(var. <i>American</i>												
<i>type</i>) ...	—	—	—	—	—	1	—	1	—	—	—	—
<i>S. derby</i> ...	—	—	—	—	3	1	2	—	—	—	1	—
<i>S. muenchen</i> ...	—	—	—	—	—	—	—	—	—	—	1	—
<i>S. heidelberg</i> ...	—	—	—	1	1	—	7	—	—	2	1	—
<i>S. oranienberg</i>	—	—	—	—	—	1	—	—	—	—	1	—
<i>S. litchfield</i> ...	—	—	—	—	—	—	—	—	—	1	—	—
<i>S. unidentifiable</i>	—	—	—	—	2	—	—	—	—	—	—	—
<i>S. (new salmonella</i>												
<i>unnamed</i>) ...	—	—	—	—	—	—	—	—	—	—	—	1
<i>S. give</i> ...	—	—	—	—	—	—	—	—	1	—	—	—
<i>S. panama</i> ...	—	2	—	—	—	—	—	4	—	—	—	—
<i>S. vancouver</i> ...	—	—	—	—	—	—	5	—	—	—	—	—
<i>S. dublin</i> ...	2	—	—	—	—	—	1	—	—	—	—	—
<i>S. bleadon</i> ...	—	—	—	—	—	—	1	—	—	—	—	—
<i>S. meleagridis</i>	—	—	—	—	—	2	—	—	—	—	—	—
<i>S. hvittingfoss</i>	—	—	—	—	2	1	—	—	—	—	—	—
<i>S. loma-linda</i> ...	—	—	—	—	—	1	—	—	—	—	—	—
<i>S. infantis</i> ...	2	10	3	2	2	—	—	—	—	—	—	—
<i>S. cubana</i> ...	—	—	—	1	—	—	—	—	—	—	—	—
<i>S. bareilly</i> ...	—	—	—	1	—	—	—	—	—	—	—	—
<i>S. ibadan</i> ...	—	—	1	—	—	—	—	—	—	—	—	—
<i>S. blockley</i> ...	—	—	1	—	—	—	—	—	—	—	—	—
<i>S. essen</i> ...	—	—	1	—	—	—	—	—	—	—	—	—
<i>S. chester</i> ...	—	1	—	—	—	—	—	—	—	—	—	—
<i>S. london</i> ...	—	1	—	—	—	—	—	—	—	—	—	—
<i>S. congo</i> ...	—	14	—	—	—	—	—	—	—	—	—	—
<i>S. livingston</i> ...	1	—	—	—	—	—	—	—	—	—	—	—
<i>S. budapest</i> ...	1	—	—	—	—	—	—	—	—	—	—	—
<i>S. decatur</i> ...	1	—	—	—	—	—	—	—	—	—	—	—
	59	103	51	91	96	106	99	51	108	132	170	96

Food Poisoning due to other organisms.—186 faecal specimens were examined specifically for the " food-poisoning type " of *Cl.welchii* and the organism was found in 29 of them (28 out of 357 similar specimens in 1964 gave a positive result), but *Staph.aureus* was not found in any of the 39 specimens in which it was sought (*v.infra*).

Foodstuffs suspected of having caused Food Poisoning.—*Staph.aureus* was however isolated from 12 out of 23 samples of foods which could be circumstantially incriminated as the cause of acute gastro-enteritis with a characteristically short incubation period, and non-haemolytic heat-resistant *Cl.welchii* from 1 out of 17 other samples. Fifty-five food samples which came under suspicion were examined for salmonellae with negative results. These figures do not differ significantly from those for 1964 but no such dramatic incidents as the two described in the last Annual Report were recorded.

Dysentery.—The incidence of bacillary dysentery remained near the level of the previous two years, bacteriologically proven new cases totalling 1,130. The number of specimens and isolates, with the figures for 1964 in brackets, are detailed in the table :—

	Specimens	No. Positive	% Positive
From suspected cases and contacts	9,605 (12,016)	1,130 (1,360)	11.76 (11.32)
From repeat specimens for clearance	6,789 (9,735)	663 (879)	9.7 (9.03)
	<u>16,394 (21,751)</u>	<u>1,793 (2,239)</u>	<u>10.9 (10.3)</u>

The percentage of Flexner infections among the new cases rose from 18.4 per cent. in the previous year to 31.3 per cent. in 1965, a figure comparable to that for 1961, as the following record of the Flexner/Sonne ratio over a six-year period shows :—

	1960	1961	1962	1963	1964	1965
Flexner/ /Sonne ...	1.64 /1	0.44 /1	0.13 /1	0.16 /1	0.22 /1	0.46 /1

It remains to be seen whether *Sh.flexneri* will again reassert themselves as the predominant types in Glasgow, but whether this happens or not, the fact remains that no other British city or town, with the possible exception of Liverpool, is pestered on a comparable scale with Flexner dysentery. The detailed record of all shigella strains isolated

at this Laboratory in the post-war years is appended herewith :—

Year	Sonne	Flexner	Newcastle	Boyd	Schmitz	Total
1946 ...	111	109	49	—	—	289
1947 ...	66	18	21	—	—	105
1948 ...	434	383	3	—	—	820
1949 ...	501	373	1	—	1	826
1950 ...	1,865	105	—	—	—	1,970
1951 ...	949	40	—	—	—	989
1952 ...	1,779	11	3	—	—	1,793
1953 ...	1,694	272	—	—	—	1,966
1954 ...	2,524	1,754	—	—	—	4,278
1955 ...	2,763	1,484	—	—	—	4,247
1956 ...	2,388	309	—	—	—	2,697
1957 ...	1,830	190	—	—	—	2,020
1958 ...	1,556	268	5*	—	—	1,829
1959 ...	1,805	554	67*	1	—	2,427
1960 ...	864	839	582*	—	—	2,285
1961 ...	1,153	230	282*	—	—	1,665
1962 ...	1,385	85	101*	—	—	1,571
1963 ...	923	124	21*	—	—	1,068
1964 ...	1,110	119	131*	—	—	1,360
1965 ...	776	197	157*	—	—	1,130

* Newcastle/Manchester type.

In 1965, 21 additional strains were isolated from 229 specimens received from Stirlingshire.

Amoebic Dysentery.—*E. histolytica* were not isolated in any of the 63 specimens of faeces (including 2 from Stirlingshire) examined for this purpose ; in the previous year 1 out of 46 specimens examined had given a positive result.

Giardia intestinalis.—Interest in the possible pathogenic role of this flagellate seems to be waning ; examination for it was requested only five times and it was found only once ; in 1964 it was found in 17 out of 52 specimens examined.

Venereal Diseases.—There was an increase of more than 2,600 in the number of specimens received for serological tests for syphilis. In all 18,395 sera were submitted to the routine " screening " procedure (a complement fixation test and a precipitation test in parallel), 11,083 of them—a fairly constant figure, this, in recent years—being routine samples from pregnant women. Of these antenatal sera 15 gave a positive result in one or both tests, but further testing established that 10 of them fell into the so-called " Biological False Positive " category. This left five cases in which the suspicion, however slender, of a latent infection warranted penicillin treatment of the expectant mother in the interest of the foetus. This 0.05 per cent. positive rate,

low though it is, is the justification for the expenditure of effort and resources which this routine testing consumes. Nor must it be forgotten that what these tests, even in their most specific form, detect is evidence of *treponemal* infection, which, in addition to syphilis, includes non-venereal diseases, such as yaws and bejel, found in other parts of the world, a point of some importance in regard to immigrants from some of these areas.

Some 3,400 sera—slightly more than in 1964—required fuller investigation, either because they gave positive or doubtful results in the “screening” tests, or because of clinical indications, or (in the case of emigrating British subjects) to satisfy the regulations for entry to foreign countries (notably the U.S.A.). The Reiter Protein Complement Fixation test, because of its high level of specificity, continued to prove invaluable for this purpose. In most cases it was possible to express a firm opinion on the strength of it, leaving only a small minority of “problem sera” which had to be sent to the V.D. Reference Laboratory, Whitechapel.

There was a six-fold increase—to 58—in the number of specimens of cerebro-spinal fluid received for these tests and for the Colloidal Gold test.

A decrease, to 127, in the number of sera received for the Gonococcal Complement Fixation test (4 of them gave a positive result, compared with 25 out of 204 in 1964) reflected the mounting scepticism which is felt about this test at the present time. In former days its reliability was seldom questioned but now clinicians and serologists alike are becoming increasingly disenchanted with it. Its eclipse may in part be a sequel to modern (antibiotic) methods of treating gonorrhoea, which cut short the disease before antibody production has got under way, but this can scarcely be the whole explanation. Further research will, it is hoped, lead to modifications which will restore its credit, or to the development of a substitute test—one which shows promise has recently been described—because there is a very real need for dependable laboratory aid in the diagnosis of the complications of this disease and, even more important, in uncovering “latent” infection in women.

There was further increase, to 7,321 (compared with 6,000 in 1964), in the number of specimens of urethral and cervical exudates received for the diagnosis of gonorrhoea. *N.gonorrhoeae* were isolated from 1,111 of them, a positive culture rate almost twice that of the previous year. This however does not imply a doubling of the incidence of the disease in Glasgow. The increase is partly accounted for by the fact that this was the first full year since it became the practice in the clinics

to corroborate the diagnosis by cultural means in *all* cases (not merely female cases as had been the custom previously). Also the number of actual patients diagnosed was, of course, considerably less than this figure of 1,111, because in many cases, in the interests of follow-up and control of therapy, cultures were obtained on two or more occasions from the same patient and very often both the swabs routinely taken from two sites in a female patient yield positive results.

In all some 29,301 specimens requiring 57,896 tests of various kinds were received for the purpose of confirming or refuting the diagnosis of venereal diseases, both figures a few thousand higher than those for the previous year.

Trichomoniasis.—Most of the swabs cultured for gonococci were also examined microscopically for *Trichomonas vaginalis* and it was found in 499 out of 7,165 so examined; the remaining 6,666 were then cultured for this flagellate, with 345 positive results. The over-all positive rate was thus 11·8 per cent. (2·6 per cent. higher than in 1964) and the fact that this figure would have been only 6·9 per cent. if nothing more than microscopic examination had been attempted, again fully justified the use of cultural methods of diagnosing this condition.

Ophthalmia neonatorum.—Out of 114 conjunctival swabs examined from newborn infants, *Staph.aureus*, *Haemophilus sp.* and pneumococci were isolated a few times, but it can be reported with satisfaction that, for the second year in succession (70 such swabs were examined last year), *N. gonorrhoeae* was not encountered in any of them.

Tuberculosis.—Requests for examinations for *Mycotuberculosis* were no more frequent than in the previous year, nor was there any significant increase in the number of positive results. Acid-fast bacilli were found in 12 out of 270 sputa examined microscopically and the tubercle bacillus was isolated on culture from 14 out of 273 specimens; 12 patients accounted for these 14 cultures, two of which were obtained from repeat specimens. Three sputum specimens were, for special reasons, also inoculated into guinea-pigs and two gave positive results.

136 specimens other than sputum (urines, pleural fluid, etc.) were cultured for *Mycotuberculosis* and it was isolated from 4 of them (3 patients); 54 of these were inoculated into guinea-pigs (with 2 positive results from urine specimens) and 83 others were only examined microscopically but no acid-fast bacilli were found in them.

CLINICAL PATHOLOGY.

The total number of investigations carried out under this general heading, about 68,000 in all, was almost exactly the same as in the previous year and they extended over a similar range.

Urines.—As many as 4,491 specimens of urine (1,669 more than in 1964) were received for quantitative bacterial cultures and related tests. Part of the increase can be attributed to an innovation embarked upon during the Autumn, whereby these specimens are submitted routinely from all women attending selected antenatal clinics. An extension of this work is planned and it is hoped that soon all the City's antenatal clinics can be brought into the scheme, which has already brought to light a significant number of cases of so-called "silent bacteriuria". These women urgently need attention, because if the condition remains undetected, and therefore untreated, they may suffer irreparable kidney damage. This shows how the clinical laboratory can render a service in the sphere of preventive medicine. It is an example of the manner in which diagnostic facilities can be deployed to good advantage along the lines recently indicated by the Chief Medical Officer for Scotland when he suggested that the traditional approach, which he aptly described as "demand medicine" (i.e. the patient consulting the doctor when he/she "feels" ill), is perhaps not the only—or even the most economical—way in which the necessarily limited resources available for health services can be exploited.

Pregnancy diagnosis.—Requests for diagnostic tests for pregnancy totalled 4,507, which exceeded the number received in 1964 by more than 1,200. It is only the development of simple *in vitro* techniques for the estimation of urinary gonadotrophin which has made testing on this scale practicable.

Haematology.—ABO grouping and Rhesus typing was performed on 11,083 antenatal blood specimens (the figure for 1964 was 11,721, 7,313 from clinics and 3,770 from general practitioners. 1,238 of the clinic patients and 790 of those dealt with by their own doctors (18.3 per cent. of the total) were Rhesus-negative, and 91 of the former and 50 of the latter were found to have Rhesus or some other irregular antibodies in their sera.

As regards general diagnostic haematology, 17,160 blood specimens were received for haemoglobin estimations, 9,318 from clinics, 7,842 from general practitioners; 843 of the former and 4,248 of the latter were investigated more fully, either to ascertain the type of anaemia, or because various other dyscrasias were suspected on clinical grounds.

Miscellaneous investigations.—These, totalling more than 25,000, continued to increase. Included among them were antibiotic sensitivity tests, estimations of protein and other abnormal constituents in urine, the examination of faeces for occult blood etc. and the identification of intestinal worms or their ova. Five helminthic infestations were encountered during the year, 2 with *Taenia saginata* (beef tapeworm), 2 with *Ascaris lumbricoides* (round worm) and 1 with *Oxyuris vermicularis* (threadworm).

PUBLIC HEALTH—GENERAL CONTROL.

Milk Supply. Bacterial content.—The number of milk samples examined, 1,807, and its breakdown according to the various sources of the samples, closely matched the corresponding figures for the previous year. The details are shown in the table, which, for the sake of continuity, has been compiled as in previous years, but on this occasion no valid comparisons can be made between the last two columns. This is because The Milk (Special Designations) (Scotland) Order 1965 prescribed modifications in the techniques of testing, with effect from 19th April, whereby some milks, which would have complied with the requirements before that date, failed to measure up to the new standards. Thus the fall in the percentage of samples of (for example) certified milks complying with the standards was by no means as alarming as would appear from a first glance at the table:—

				Number of samples	No. complying with standards	Per cent. complying in 1965	Per cent. complying in 1964
<i>Hospital Supplies—</i>							
Raw Milk	}	Certified Milk	...	11	3	27.6	83.3
		Tuberculin Tested Milk	...	42	35	83.4	92.6
T.T. (Pasteurised)	Milk	...	...	270	248	91.9	92.1
<i>Public Supplies—</i>							
Raw Milk	}	Certified Milk	...	226	141	62.4	75.1
		Tuberculin Tested Milk	...	149	128	85.9	91.3
		Premium Milk	...	3	1*	—	—
T.T. (Pasteurised)	Milk	...	...	678	598	88.2	94.4
<i>School Supplies—</i>							
T.T. (Pasteurised)	Milk	...	...	149	143	95.9	98.2
<i>Milk from Whirlcool Dispensers—</i>							
T.T. (Pasteurised)	Milk	...	...	207	96	46.4	53.1
Miscellaneous	...	...	...	60	—	—	—
Special Investigation	...	...	...	12	—	—	—

*The Order also decreed that existing licences could remain in force till the end of the year; this explains why so few samples of "Premium Milk" (an entirely new designation created by the Order) were received.

One thing, however, is clear, the samples from whirlcool dispensers still tell the same sorry tale, as the following table shows with greater precision :—

Plate count per ml.	Number of samples complying with the T.T.P. standard*	Number of samples not complying with the T.T.P. standard*	Total
0 - 10,000 ...	33	8	41
10,000 - 50,000 ...	33	27	60
50,000 - 200,000 ...	26	32	58
200,000 - 1,000,000 ...	4	28	32
Over 1,000,000 ...	0	16	16
Total ...	<u>96</u>	<u>111</u>	<u>207</u>

* Absence of coliforms from 1/100ml.

If, in spite of all the pleas made in these Annual Reports and elsewhere, year after year, acceptable standards have proved unattainable with this method of vending milk it is high time that it was superseded by something more hygienic. A recent innovation which might fill the bill is the disposable polythene bag (supported by a cardboard carton), filled with milk direct from the pasteurising plant; this, on arrival at the retailer's premises, is placed in its entirety in a refrigerated vending machine. The retailer does not have to transfer the milk from one container to another, with the risk of contamination which that implies, and, as the bags and cartons are only used once, no cleansing is required each time the machine is recharged. If this system lives up to its promise—and with one or two minor modifications, which should be quite feasible, it could be made almost foolproof—then perhaps these whirlcool dispensers can be finally scrapped, to the great relief of everyone who has a thought for the cleanliness of food and drink.

In addition 847 milk samples (372 fewer than in 1964) were examined for Argyll County Council.

Examination of Milk for Myco.tuberculosis.—Fewer milk samples were received for examination for tubercle bacilli by guinea-pig inoculation—109 in all, compared with 145 in 1964. Of these, 59 were designated milk from public supplies, 29 were samples of school milk, 5 of milk supplied to hospitals, and 16 were submitted on behalf of the Burgh of Clydebank. All gave negative results.

Milk Bottles.—141 washed milk bottles collected from City distributors were examined for cleanliness and only 115 (81.6 per cent.) of them complied with the standards. This shows a continuing

decline in standards, because in 1963 and 1964 respectively 97·4 per cent. and 84·5 per cent. of the bottles examined were found to have been satisfactorily cleansed, and the numbers examined in each of these years were much the same.

Eleven such examinations were made for Argyll County Council.

Milk Cans.—80 rinses from milk cans were received for examination and they were classified according to Ministry of Agriculture standards as follows (with the corresponding figures for 1964, when 84 were examined, in brackets) : 78·7 per cent. satisfactory (86·9 per cent.), 12·5 per cent. fairly satisfactory (1·2 per cent.) and 8·8 per cent. unsatisfactory (11·9 per cent.).

Swabs and Rinses of Dairy Equipment, etc.—Only 39 such specimens collected at producers' and vendors' premises were examined, compared with 60 in 1964 and 83 in 1963.

Cream.—202 samples of dairy cream were received, 58 more than in 1964, and as the table shows, the results, by and large, were slightly better.

Bacterial count per gram	No. of Samples	Percentage 1965	Percentage 1964
0 - 50,000 ...	152	75·2	66·7
50,000 - 200,000 ...	14	6·9	14·5
200,000 - 1,000 000 ...	13	6·4	11·8
Over 1,000,000	23	11·4	7·0
Coliform bacilli in 1/100 g.	56	27·7	26·4

Ice-cream.—In contrast ice-cream, of which 316 samples were received, gave less satisfactory results than the 302 samples examined in 1964. Here are the figures :—

Bacterial count per gram	No. of Samples	Percentage 1965	Percentage 1964
0 - 50,000 ...	256	81·0	87·7
50,000 - 200,000 ...	31	9·8	7·6
200,000 - 1,000,000 ...	20	6·3	4·0
Over 1,000,000	9	2·8	0·7
Coliform bacilli in 1/100 g.	68	21·5	13·6

Samples conforming to provisional standard of a plate count of no more than 50,000 per g. and coliform bacilli absent from 1/100 g.

222	70·3	79·5
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Such results, if taken to heart, may help to dispel the popular misconception that refrigeration "kills" bacteria. It does nothing of

the kind ; it may arrest their multiplication, but they remain very much alive and if pathogenic organisms, through slipshod habits of manufacture, gain access in sufficient numbers to ice-cream they are as capable of causing food-poisoning as those found in many other articles of diet

Ten samples of ice-cream from Argyll were also examined.

Imitation Cream.—As the following table shows, the 139 samples of synthetic cream submitted for testing also compared unfavourably with the 125 examined in 1964 :—

Bacterial count per gram	No. of Samples	Percentage	
		1965	1964
0 – 50,000 ...	101	72.7	85.6
50,000 – 200,000 ...	14	10.1	8.8
200,000 – 1,000,000 ...	10	7.2	3.2
Over 1,000,000	14	10.1	2.4
Coliform bacilli in 1/100 g.	26	18.7	14.4

These results give no cause for satisfaction, because this is another product which constitutes an ideal pabulum for the causative organisms of food-poisoning, several outbreaks of which have been traced to it.

Bottles other than Milk Bottles.—33 bottles collected from brewers, mineral water manufacturers, etc. (12 fewer than in 1964) were examined for cleanliness and all conformed to the standards.

City Water Supply.—960 water samples were examined during the year (compared with 945 in 1964), 767 of them routine samples of water, before and after chlorination, from the Loch Katrine, Craigmaddie, Mugdock, Gorbals and Balgray supplies or from taps and other points on the distribution system. The Port Health Authority submitted 42 samples and the remaining 151 were examined at the request of City Water Engineers (pre-service tests of new mains, etc.), or Divisional Medical Officers (investigations of complaints, etc.) or on behalf of the National Coal Board.

The results of the examination of chlorinated water, tabulated below, were almost identical with those obtained in the previous year :—

Supply	No. of Samples	Average bacterial count per ml. at		Most Probable Number in 100ml.							
		37°C/24hrs. 22°C/72hrs.		Coliform bacilli				Typical ("faecal") <i>Esch. coli</i>			
		0	1	3	5	0	1	3	5		
Loch Katrine ...	489	9	47	457	28	2	2	471	17	1	0
Gorbals ...	46	23	9	46	0	0	0	46	0	0	0

Swimming Ponds.—Out of 439 samples received, 257 were from public ponds, 119 from school ponds and 63 from private ponds and among them there were 17, 10 and 1 respectively which gave plate counts at 37°C/24 hours in excess of 10 bacteria per ml. Coliform bacilli were found in only 5 samples; in one the MPN (most probable number) was 3 per 100 ml. and in each of the remaining four the MPN was 1 per 100ml. The results do not differ materially from those obtained in the previous year, when 441 samples were examined, and indicate a creditable standard of maintenance of most swimming baths, whether owned privately or by the Corporation.

Foodstuffs: Fitness for Consumption.—Although there was a drop, from 1,864 in the previous year to 1,641 in 1965, in the number of samples of foodstuffs investigated for precautionary purposes (i.e. as distinct from those alleged to have caused actual illnesses), their variety, as usual, ranged from the commonplace to the relatively exotic. There are certain imported foods or cooking ingredients over which the Port Health Officers, from experience, exercise special scrutiny. Desiccated coconut is one of these, which in the past was not infrequently contaminated with salmonellas, but it now looks as if this particular hazard has been overcome, because for the second year running it can be reported that no salmonella was isolated from any of the 624 samples examined (234 fewer than in 1964).

Imported eggs and egg-products, such as albumen (used on a large scale in the confectionery trade), comprise another such category, and here the "battle" has yet to be won, because various salmonella serotypes were isolated from 16 out of 777 samples examined, compared with 14 out of 804 in the previous year.

Shellfish.—Each year a few of these samples are brought for examination. In the year under review there were only 10 (8 of mussels and 2 of whelks) and they all conformed to the Grade I classification.

Miscellaneous Foods.—There was a slight increase, from 202 in the previous year, to 240 in the number of samples of foods submitted by the City Food Inspectors, from shops, warehouses, etc. often in a random fashion but sometimes for special reasons, e.g. because of suspicions communicated by Health Authorities in other towns or countries. Thus one out of 50 batches of imported boneless beef was found to be contaminated with a salmonella (*S. salinatis*), but where

no particular pathogen was isolated interest centred on bacterial counts as criteria of cleanliness (of canned meats, stews, etc.) and because there are as yet no agreed standards for these, comparable to those for potable water, for instance, the results are not amenable to precise analysis.

Under this heading mention may be made of a special investigation conducted during the first quarter of the year in association with the Corporation's Chief Veterinary Officer. This was prompted by the Report of a Working Party of the Public Health Laboratory Service of England and Wales, on an extensive survey of the occurrence of salmonellas in abattoirs and meat factories and in meat and meat products. In this smaller investigation at the Glasgow abattoir samples of organs were collected from 1,002 animals immediately after slaughter and salmonellae were isolated from 1 out of 596 adult cattle examined, from 6 out of 150 calves and from 5 out of 256 pigs, an over-all positive rate of 1·19 per cent. which compared with the 1·92 per cent. reported by the P.H.L.S. workers from more than ten times as many specimens of this kind. (Their isolation rate from abattoir drain swabs was considerably higher but this aspect was not investigated in the Glasgow survey). Owing to pressure of other work it has not been possible to pursue this subject any further, but it is being kept under review.

OTHER INVESTIGATIONS AND SERVICES FOR THE PORT HEALTH AUTHORITY, ETC.

Anthrax.—Samples of imported materials submitted routinely were examined for *B.anthraxis* as follows :—

Bone, bone meal, bone grist and bone sinews	45 (7 positive)
Goatskin	14 (4 positive)
Sheepskin	2
Hides	2
Cow hair	5
	—
Total	68 (11 positive)
	—

In addition, an invitation was received to collaborate with another Working Party of the Public Health Laboratory Service of England and Wales inquiring into the risk of anthrax arising from bone-meal

ground from desert-dried bones and used in agricultural fertilisers. The City Laboratory's contribution to this inquiry involved the examination of 35 samples and *B.anthraxis* was isolated from 19 of them. The bones from which these meal samples were derived had been imported from the following countries : India, 5 samples, 4 positive ; Pakistan, 5 samples, 2 positive ; Paraguay, 10 samples, 4 positive ; Argentina, 15 samples, 9 positive. By a tragic coincidence the inquiry was barely completed when an industrial worker in London died of inhalation anthrax which he had contracted after handling this material in the course of his work. Anthrax is a rare disease in this country nowadays and a fatal outcome is, mercifully, an even rarer event, a surprisingly fortunate state of affairs when one considers the widespread use of this product and its contamination-rate as revealed by this small investigation.

Plague.—The precautionary habit of sending to the Laboratory a representative sample of rats caught in ships or on the docks has continued, and in 1965, 42 rats were examined in this way for *Pasteurella pestis* but the results were all negative.

Yellow Fever.—The number of doses of yellow fever vaccine prepared and issued to the immunisation clinic, 3,705 during the year, was slightly less than in 1964.

As usual a great many other activities not recorded in the foregoing pages claimed the time and attention of the staff. A number of trainee bacteriologists, medical and technical, spent short periods in the Laboratory familiarising themselves with various aspects of the work undertaken, and visitors from many faraway places, including Commonwealth countries and Eastern Europe, were received. Such visits are always welcomed because of the opportunities they provide for a free exchange of ideas. The continued co-operation of all those who make use of the service provided by the Laboratory is also gratefully acknowledged.

T. F. ELIAS-JONES,
Director.

PUBLICATIONS.

" A simple device for measuring the thickness of agar in a Petri dish ".
G. D. Anagnostopoulos et al. (1965), *Chemistry and Industry*, 948

" A controlled-pressure replicate-plate technique ".
G.D. Anagnostopoulos et al. (1965), *Chemistry and Industry*, 1761.

TOTAL OF EXAMINATIONS FOR YEAR 1965

CITY OF GLASGOW.

INFECTIOUS DISEASES.

					Positive	Total
<i>Diphtheria and General Throat Infections—</i>						
Diphtheria ...	...	Suspects	...	...	—	511
Streptococcal Infections	...	Suspects and control	...	...	164	753
Vincent's Infections		Suspects and control	...	...	9	422
Staphylococcal Infections	...	Suspects and control	...	...	94	129
<i>Gastro-intestinal Infections—</i>						
<i>Enteric Fever</i>						
(Typhoid, ...	...	Suspects	...	...	34	442
paratyphoid)	...	Control, etc.	...	...	54	954
		Water Works employees	...	...	—	92
<i>Food Poisoning—</i>						
(Salmonellosis)	...	Suspects and control	...	...	129	8,641
		Foodstuffs	...	...	—	55
(Staphylococcal)	...	Suspects and control	...	...	—	39
		Foodstuffs	...	...	12	23
(<i>Cl.welchii</i>)	...	Suspects and control	...	...	29	186
		Foodstuffs	...	...	1	17
<i>Dysentery—</i>						
<i>Bacillary</i>						
Bacillary ...	...	Suspects	...	...	1,130	9,605
		Control	...	...	663	6,789
Amoebic	...	...	...	...	—	61
Other forms— <i>Giardia</i> , etc.	...	...	...	...	1	5
Specific <i>Esch.coli</i>	...	...	...	...	—	2,299
<i>Tuberculosis—</i>						
		Sputa	...	...	12	270
		Other specimens (micros. exam.)	...	...	—	83
		Various specimens (biological exam.)	...	...	4	57
		Various specimens (culture)	...	...	18	409
<i>Venereal Diseases—</i>						
		Serological Tests for Syphilis (W.R., etc.)	...	...	—	50,390
		Lange's Colloidal Gold Test	...	...	—	58
		Ophthalmia Neonatorum (smears and cultures)	...	...	—	114
		Gonococcal Complement Fixation Test	...	...	4	127
		Smears and cultures of Urethral and Cervical Exudates	...	...	1,111	7,321
		Carry forward	...	...	...	89,852

	<i>Brought forward</i>	...	<i>Positive</i>	<i>Total</i>
OTHER EXAMINATIONS—				
Blood—Rh factor			—	89,852
Blood—ABO grouping			—	11,083
Blood—General Haematology, ccll counts, haemoglobin, etc.			—	11,083
Blood—cultures, Paul-Bunnell tests, etc.			—	17,160
Body fluids (urine, etc.)			—	62
Exudates—various			—	8,682
Faeces for worms			—	143
Faeces for occult blood			5	14
Swabs for Trichomonas			12	28
Pregnancy tests			844	7,165
Antibiotic Sensitivity tests			—	4,507
Miscellaneous			—	16,415
Special investigation—anthrax			—	16
—salmonellae (abattoir)			19	35
			12	1,002
GENERAL PUBLIC HEALTH—				
City Milk Supplies (plate count and coliforms)			—	1,484
Hospital Milk Supplies (plate count and coliforms)			—	323
Milk (biological tests)			—	93
Miscellaneous swabs and rinses			—	39
Milk bottles (bacterial count)			—	141
Swabs from Milk cans			—	80
Ice-cream			316	316
Foodstuffs—fitness for consumption:—				
Imitation cream, cream, etc.			—	341
Miscellaneous foods, dried egg, etc.			—	341
Shellfish—musscls, whelks, etc.			—	10
Beer and Mineral Water bottles			—	33
Water Supplies—routine			—	918
Water from swimming ponds			—	439
PORT HEALTH AUTHORITY—				
Anthrax (hides, skins, hair, etc.)			11	68
Plague (examination of rats)			—	42
Foodstuffs—fitness for consumption			—	1,300
Water—from ships and docks			—	42
OUTSIDE AUTHORITIES—				
<i>Stirlingshire—</i>				
Gastro-intestinal infections		432		
Throat infections		3		
Other infections		1		
Antibiotic Sensitivity tests		116		
		<hr/>		552
<i>Clydebank—</i>				
Milk (biological test for tuberculosis)			—	16
<i>Argyll—</i>				
Milk (plate count and coliforms)		847		
Ice-cream		10		
Milk Bottles		11		
		<hr/>		868
				<hr/>
				174,693
				<hr/>

SECTION XIV

FOOD.

SUMMARY OF OPERATIONS UNDER THE FOOD AND DRUGS (SCOTLAND) ACT, 1956 ; THE MILK AND DAIRIES ACTS AND ALLIED ACTS, ORDERS AND REGULATIONS FOR THE YEAR ENDING 31ST DECEMBER, 1965

“ There is no standing still.” One wonders. The tubercle bacillus was discovered in 1882 and by the 1st October, 1959, less than 80 comparatively short years, Scotland was freed from the scourge of bovine tuberculosis. A remarkable achievement.

A new Milk (Special Designations) Order became operative this year. True, under the new Order more stringent tests are applied to milk, and this is a step forward, *but* no positive action has been specified or even suggested for the total eradication of brucellosis nor the elimination of mastitis. No specific statutory penalties can be imposed when antibiotic residues are found in milk. A greater amount of milk is now delivered in bulk to creameries and on arrival the temperature of it is about 40°F. It is subjected to the 10 minute resazurin test which it almost invariably passes before acceptance, but, depending on the age of the milk, off flavours develop which are a source of concern to the dairymen. There is no bacteriological standard for “ tanker ” milk. Milk dispensing machines were introduced in late 1959 ; these machines are difficult to sterilise. There is still no legal bacteriological standard for milk sold from such machines and although there has been no known outbreak of food poisoning from such milk no consolation can be enjoyed. There is still no legal bacteriological standard for dairy cream, and catering sales of milk continue outwith statutory control.

New Legislation which became Operative during the Year :

The Soft Drinks (Scotland) Regulations, 1964.

The Milk (Special Designations) (Scotland) Order, 1965.

The Dried Milk (Scotland) Regulations, 1965.

Observations were made on reports and memoranda issued by the Scottish Home and Health Department, Food Standards Committee, Counties of Cities Association, Sea and Air Port Authority and Board of Trade :—

Proposals for amending the Mineral Hydrocarbons in Food (Scotland) Regulations, 1964.

Two Reports on "Zwan" Canned Meat.
 Code of Practice for Canned Fruit and Vegetables.
 Review of the Fish and Meat Paste Orders, 1951.
 Code of Practice for Canned Beans in Tomato Sauce.
 Review of the Food Standards (Preserves) Order, 1953, as amended.
 Food Standards Committee's Reports :—

Proposed Ban on Certain Flavourings.
 Butter.
 Margarine.
 Coffee—Coffee Mixtures, Coffee Extracts.
 Salad Cream and Mayonnaise.

Proposals for Revised Regulations on Antioxidants in Food.
 Proposed Regulations on Ice-Cream.
 Proposals for Revision of Merchandise Marks Acts.
 Proposals for Revision of Fertilisers and Feeding Stuffs Act.
 Proposed Regulations for Canned Meat.
 Revised Proposals for Regulations for Meat Pies.
 Proposed Regulations on Sausages and Other Meat Products.
 Revised Proposals for Regulations for Meat Pies.
 Revised Regulations *re* Use of Colouring Matter in Food.
 Report on Milk Dispensing Machines and other matter appertaining.
 Proposals for Regulations on Labelling of Food.

In addition, oral evidence was given in London on behalf of the Counties of Cities Association on the Proposals for Revision of the Merchandise Marks Acts and the Fertilisers and Feeding Stuffs Act.

The Food and Drugs (Scotland) Act, 1956—The volume of sampling under the Act was maintained and in consideration of the results indicating a small percentage of adulteration clearly signifies the continuing value of food sampling. A total of 5,252 samples were obtained and examined 1,411 being formal samples and 3,841 informal : 29 (2.05 per cent.) of the former and 73 (1.90 per cent.) of the latter were found to be non-genuine. The corresponding figures last year were 32 (2.36 per cent.) and 66 (1.83 per cent.) respectively.

Of the 29 formal samples returned non-genuine, court proceedings were taken in 18 cases and a conviction was obtained in each case, all against butchers in whose products an excess amount of preservative was found. Letters of warning were sent to the other traders, two dairymen whose milk showed a slight deficiency in solids-not-fat, one

ice-cream dealer whose ice-cream was slightly low in solids-not-fat, and eight butchers whose mince or sausage contained a minor excess of preservative over the legal limit.

ABSTRACT OF TOTAL SAMPLES EXAMINED DURING 1965

Article	Informal.		Statutory.		Percentage adulterated.		Percentage of Samples taken in each Group to Total	
	No. Taken	No. Non-Genuine	No. Taken	No. Non-Genuine	Informal %	Statutory %	Informal %	Statutory %
Milk	1,956	25	901	2	1.28	0.22	50.93	63.86
Milk Products (Butter, Cheese, etc.)	112	1	32	—	0.89	—	2.92	2.27
Meats and Meat Products, and Fish Products ...	264	26	202	26	9.85	12.87	6.87	14.32
Cereals	178	1	36	—	0.56	—	4.63	2.55
Tea	20	—	32	—	—	—	0.52	2.26
Spiritous Liquors ...	18	—	34	—	—	—	0.47	2.41
Drugs	111	1	12	—	0.90	—	2.89	0.85
Flavourings and Condiments	316	1	62	—	0.32	—	8.22	4.39
Colourings	52	—	—	—	—	—	1.35	—
Ice-Cream	258	12	3	1	4.65	33.33	6.72	0.21
Miscellaneous	556	6	97	—	1.08	—	14.48	6.88
	3,841	73	1,411	29	1.90	2.05	100.00	100.00

ABSTRACT OF INFORMAL AND STATUTORY SAMPLES OF SWEET MILK EXAMINED DURING YEAR 1965.

Informal.				Statutory.				
No. Examined	No. Non-Genuine.	Average Percentage Composition.		1965 Month.	No. Examined.	No. Non-Genuine.	Average Percentage Composition	
		Fat.	Non-Fat.				Fat.	Non-Fat.
178	2	3.68	8.92	January	79	—	3.68	8.93
167	4	3.64	8.91	February	94	—	3.67	8.88
171	4	3.68	8.91	March	79	1	3.64	8.88
139	1	3.68	8.92	April	70	—	3.64	8.84
191	2	3.68	8.97	May	76	—	3.60	8.88
169	1	3.75	8.68	June	71	—	3.60	8.81
124	1	3.73	8.87	July	74	—	3.59	8.67
172	—	3.78	8.79	August	59	—	3.72	8.76
157	1	3.86	8.91	September	63	—	3.78	8.88
157	2	3.98	8.93	October	87	—	3.87	8.53
176	4	3.88	8.88	November	84	1	3.76	8.90
140	3	3.88	8.90	December	65	—	3.97	8.86
1,935	25	3.76	8.88		901	2	3.64	8.78

1965 Percentage Adulterated : Informal—1.29 ; Statutory—0.22

1964 Percentage Adulterated : Informal—0.84 ; Statutory—0.23

1963 Percentage Adulterated : Informal—1.13 ; Statutory—0.33

THE PRESERVATIVES IN FOOD (SCOTLAND) REGULATIONS, 1962.

Sulphur dioxide (SO₂) was the only preservative found to be used in excess of the specified limits. Benzoic acid was also used in permitted amounts. No other permitted preservative or prohibited preservative was detected in any of the some 1,200 samples of food examined.

Several other preservatives have been made available to food manufacturers, but in the samples examined none of these was found.

ABSTRACT OF ARTICLES OF FOOD IN WHICH PRESERVATIVES, ETC.,
WERE FOUND AND THE NATURE AND AMOUNT
DURING THE YEAR ENDING 31ST DECEMBER, 1965.

Nature of Article.	Number examined.	Number in which Preservatives, etc., were found.	Nature of Preservative, etc.	Parts per Million.	
				Highest.	Lowest.
Canned Ale and Beer	18	1	Sulphur Dioxide	45	
Cornflour	8	2	" "	77	20
Fruit, Dried	48	1 4	Benzoic Acid	38	
			Sulphur Dioxide	896	38
Fruit, Glace	16	3	Sulphur Dioxide	46	19
Lime Juice	2	2	" "	301	186
Lucosade	1	1	Benzoic Acid	0.03	
Milk Shake Syrup ...	2	2	Sulphur Dioxide	218	211
Mince	89	38	" "	1,820	26
Potato, Instant ...	3	1	" "	116	
Preserves (Jams) ...	32	2	" "	32	26
Ribena	2	2	" "	192	187
Sausages	264	261	" "	1,594	13
Semolina	15	1	" "	76	
Soft Drinks	99	65	Benzoic Acid	618	37
Table Jellies	30	6	" "	14	8
Vegetables, Dried ...	4	4	Sulphur Dioxide	672	212
Wine, Non-Alcoholic ...	1	1	" "	224	

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956.
 TABLE SHOWING NATURE AND NUMBER OF TOTAL SAMPLES
 PROCURED AND EXAMINED DURING 1965.

Article	Informal		Formal	
	No. Taken	No. Non-Genuine	No. Taken	No. Non-Genuine
Baking Powder, Golden Raising Powder	11	—	2	—
Bread	—	—	—	—
Butter	25	—	11	—
Cheese (including spreads and processed cheese)	6	—	9	—
Coffee (including essence and mixtures)	14	—	2	—
Cream (including single, double and sterilised)	43	1	—	—
Dried and Preserved Fruit ...	36	—	30	—
Fish Cakes	—	—	—	—
Fish Pastes and Spreads ...	27	—	1	—
Flour and Self-raising	31	1	5	—
Flour Mixtures (cake, pudding, sponge mixtures and cake flour)	52	—	31	—
Fruit Conserves (e.g., tinned and bottled fruit)	5	—	—	—
Gelatine	4	—	—	—
Ice-Cream	258	12	3	1
Ice Lollies	—	—	—	—
Jams, Jellies and Fruit Curds ...	62	—	—	—
Margarine	22	—	12	—
Meat Pies, Pastries and Sausage Rolls	—	—	—	—
Meat Pastes and Spread (chopped and potted)	69	1	1	—
Milk (excluding dried, condensed, evaporated and flavoured, etc., milk)	1,956	25	901	2
Milk (condensed and dried) ...	16	—	—	—
Mince	49	12	40	14
Saccharin	3	—	—	—
Salad Cream and Mayonnaise ...	11	—	—	—
Sausage and Sausage Meat ...	107	12	157	12
Soft Drinks (excluding fruit juices)	39	—	1	—
Spices and Condiments	148	—	31	—
Spirits	—	—	34	—
Suet	8	1	3	—
Sugar and Confectionery ...	20	1	17	—
Synthetic Cream	—	—	—	—
Table Jellies	67	2	2	—
Tomato Ketchup and Sauces ...	20	—	1	—
Other Articles (including all articles not named above) ...	732	5	117	—
	<u>3,841</u>	<u>73</u>	<u>1,411</u>	<u>29</u>

THE FOOD AND DRUGS (SCOTLAND) ACT, 1965.

INSPECTION OF FOOD AND FOOD PREMISES.

Routine inspections of food premises numbered 9,636, during some of which 2,037 lots of food were examined which amounted to 126 tons, 8 cwts., 106½ lbs., a reduction of 17 tons, 2 cwts., 81¼ lbs. from last year. As in previous years, the owners requested the opinion of the food inspectors on the fitness of the food for human consumption. Unfit food was destroyed and certificates of condemnation were subsequently issued.

The demands from importers for certificates of condemnation for products of poor quality or of some which had been returned were fewer this year. For the most part these products were from eastern European countries. Perhaps importers now realise that certificates can only be granted when goods are unfit for human consumption.

Dented cans appear to be an ever increasing problem to shopkeepers, some of whom put them on display at a reduced price. It was found necessary to advise two such shopkeepers of their responsibility to see that the cans were sound although dented. In self-service stores cans which are not perfect in condition are invariably rejected by the customers and left on the shelf.

FOOD AND DRUGS (SCOTLAND) ACT, 1956, SECTION 9.

SUSPECTED FOOD.

The number of complaints received by this Section continues to increase, the number being 485 compared with 389 last year. More and more of these complaints, on examination of the foods submitted followed in some cases by investigation, are found to be without foundation, the food being perfectly sound and fit for human consumption.

Some of these complaints would appear to justify action in court but lack of corroborative evidence and other circumstances, rule this out.

There were 128 complaints regarding canned goods, a number of which contained insects. This is twice as many as last year and would seem to indicate that the public are still suspicious of canned goods, especially meat, perhaps as a result of the Aberdeen outbreak.

In the majority of cases investigations are taken right back to the factory irrespective of the country of origin, and measures adopted to prevent or eliminate cause for further complaint.

There is no doubt that the public to-day are prepared to direct the attention of the proper authority to articles of food which in their opinion are not to their complete satisfaction. In discussion with food manufacturers it was learned that the percentage of complaints brought to their notice had decreased as automation in the factories increased, but, as already stated, the number of complaints made to this Department continues to multiply year by year.

Complaints of outstanding interest included a pig's tooth found in a can of ham and pork from Holland; a worm found in an egg (the worm was identified as a female nemotode, *ascaridae galli*); a piece of wire measuring $2\frac{1}{4}$ inches found in a jar of mincemeat; a piece of metal chain found in a can of casserole steak from Australia; a nodule, about 1 centimetre in diameter, in a can of luncheon meat. The nodule showed traces of copper. The Danish Research Institute concluded that there had been a chip of copper in the meat at the time of canning which had dissolved during the time of storage. The code mark indicated it was two-and-a-half years old. The meat otherwise was in perfect condition. A piece of cellulose tape was found in a packet of butter—neither the butter makers nor the butter packers used cellulose tape, and it was impossible to identify the source of manufacture of this tape. A piece of glass was found in a jar of sauerkraut manufactured in Poland. Complaints of alleged hairs in meat pies proved to be meat fibres. A nail said to have been discovered in a loaf on examination showed that it had not been baked in the loaf.

THE MILK AND DAIRIES (SCOTLAND) ACT, 1915 ;

THE MILK (SPECIAL DESIGNATIONS) ACT, 1949 ; AND

THE MILK (SPECIAL DESIGNATIONS) (SCOTLAND) ORDERS, 1951-52 AND 1965.

The first mention of designation as applied to milk was made in the Milk and Dairies (Amendment) Act of 1922 and the application of any such description became necessary on 1st January the following year. Since then various "Special Designations" Orders have reached the Statute Book, each bringing with it provisions which have improved the hygienic quality of milk and have brought about changes in the names of the graded milks.

The latest, the Milk (Special Designations) (Scotland) Order, 1965, is no exception, and like its forerunners is open to criticism.

(1) *Changes of Designations*—"Certified" becomes "Premium"; "Tuberculin Tested" becomes "Standard" and the description or designation "Tuberculin Tested" disappears.

(2) *Changes in Tests*—The tests are more severe :—

- (a) The period of incubation is increased from 48 to 72 hours.
- (b) The incubation temperature is reduced from 37° to 30°C.
- (c) Bacterial counts have been reduced and the coliform test made more stringent.
- (d) Cooling temperatures on production have been made compulsory, and in the case of " Premium " milk to be maintained. This provision entails the installation of mechanical refrigeration on the farm.
- (e) A more sensitive phosphatase test which is not affected by phenoles has been defined.

The number of registered dairies showed a reduction of 22, and in 1965 there were 1,792 compared with 1,814 in 1964. This number consists of 23 producers, 14 wholesalers (pasteurising establishments), 1,734 retailers and 21 vehicles from outwith the City. The number of dairies closed due to redevelopment projects is 136, while there were 261 dairies registered, 147 of which were transfers and 114 in respect of new dairy premises.

The approximate daily consumption of milk, excluding school milk, fell from 95,036 to 91,200 gallons, a decrease of 3,836. The percentage of failures in tests of Certified milk rose again this year from 24·5 to 42·5; failures of Tuberculin Tested milk also rose from 9·9 per cent. to 14·8 per cent.; while Pasteurised milk showed phosphatase test failures of 11·8 per cent.

The number of formal and informal samples totalled 2,836. The average fat and solids-not-fat fell slightly from 3·8 to 3·7 per cent. and 8·9 to 8·8 per cent. respectively. Designated milks sampled during the year numbered 1,053, a number of these being repeat samples.

There were 6,552 visits of inspection made to dairies, while 221 visits were made to the 36 byres of the 23 milk producers. These byres provide accommodation for 1,025 cows but the average number kept over the year was 768.

During the Sunday inspection of vehicles used for street trading, eleven street traders were found to be engaged in the sale of milk without a Certificate of Registration from the Local Authority; 110 convictions were obtained and fines totalling £85 imposed, while in the case of the eleventh person the Procurator-Fiscal took no action because there was lack of proof of actual sale.

As more modern equipment and plant became available, some City dairymen have installed new bottle washers, new bulk reception tanks, carton filling machines and butter wrapping machines, and three have been completely re-equipped.

One producer has installed a bulk milk tank.

Several complaints of dirty milk bottles were made and these bottles were found to contain tiny specks of iron fused on to the inner surface of the bottle. It appeared that these bottles had been used as a launching-base for fireworks.

Sterilised Milk—The daily sales of "Sterilised" milk fell to approximately 10 gallons. No milk is sterilised in the City creameries. Twelve samples were obtained and found to conform to the prescribed tests. The average fat and solids-not-fat content were 3.69 per cent. and 8.83 per cent. respectively, and slightly higher than last year.

Jersey Milk—The quality standard tended to fall this year when 34 samples were examined, the averages being 5.02 per cent. fat and 9.07 per cent. solids-not-fat. Three samples were below 4 per cent. fat; 5 samples failed the coliform test, 1 the colony count and 12 both in coliform and count. The Jersey milk was again supplied by seven farmers.

Channel Islands Pasteurised Milk—A new type of milk, namely, Channel Islands Pasteurised Milk, was marketed by one of the City creameries. The amount of milk is included in the pasteurised milk figure later in the Report. The fat standard must be by law not less than 4 per cent. The average of the 14 samples examined gave readings of fatty solids 4.86 per cent. and 9.26 of solids-not-fat. Two of the samples, however, failed to pass the coliform test.

	1965	1964	1963
<i>" Certified "—</i>			
Producers	1	1	1
Dealers	1,324	1,460	1,440
Total Average Daily Sales (gallons) ...	1,131	1,325	1,840
<i>" Tuberculin Tested "—</i>			
Producers	20	21	22
Dealers	1,676	1,812	1,786
Total Average Daily Sales (gallons) ...	504	352	645
<i>" Tuberculin Tested (Pasteurised)"—</i>			
Pasteurising Establishments	14	15	15
Dealers	1,784	1,806	1,780
Total Average Daily Sales (gallons) ...	89,565	93,359	88,768
1965—Includes 810 gallons Homogenised.			
1964—Includes 1,030 gallons Homogenised.			
1963—Includes 603 gallons Homogenised.			
<i>" Sterilised "—</i>			
Dealers	71	71	71

RESULTS OF EXAMINATIONS OF DESIGNATED MILK (1).

	CERTIFIED (a) Not more than 30,000 Bacteria per ml. (b) No Coliform Bacillus in 1/10 ml.	TUBERCULIN TESTED (a) Not more than 200,000 Bacteria per ml. (b) No Coliform Bacillus in 1/100 ml.
<i>Bacteriological Examination—</i>		
Number examined	226	149
Number conforming to all requirements	141	127
Number exceeding count only	14	1
Number exceeding count and having coliforms present	34	4
Number conforming to count but having coliforms present	37	17
Agar Count per ml.—		
Highest	100,000	1,000,000
Lowest	500	1,000
Presence of Coliforms (—)	155	128
(+)	71	21
<i>Chemical Examination—</i>		
Fat Minimum 3%—		
Number 3% or over ...	221	149
Number below 3% ...	5	—
Average Butter-Fat Content	3.84	4.00

75 Examined Biologically with negative result.

RESULTS OF EXAMINATIONS OF DESIGNATED MILKS (2).

	TUBERCULIN TESTED (PASTEURISED) (a) No Coliform Bacillus in 1/100 ml. (b) Not more than 2.3 Lovibond Blue Units (Phosphatase Test)
Number Examined	678
Number passing each test	598
Number failing in one or more of the tests ...	80
Milk-Fat Test—	
Number Satisfactory	676
Number Unsatisfactory	2
Average Butter-Fat Content	3.64

82.23 per cent. of the samples examined were in conformity with the terms of the Orders compared with 88.25 last year.

Chemical examination showed seven samples to be deficient in fat.

MILK SUPPLIED TO THE HOSPITALS OF THE
WESTERN REGIONAL BOARD.

This service to the Board was continued. The results are shown below :—

	Examined	Failed
Certified	11	8
Tuberculin Tested	43	7
Tuberculin Tested (Pasteurised)	269	22
	323	37

Last year 27 samples failed out of a total of 345 samples.

Milk for School Children—“Tuberculin Tested (Pasteurised)” milk was again supplied to the City schools this year by seven contractors. One hundred and forty-nine samples were examined in terms of the Milk (Special Designations) Orders during the year when six failed the coliform test. In 1964 there were three failures for this reason in the 173 samples examined. Forty-two samples were subjected to the biological test and all gave negative results.

The following table is a summary of the results of the sampling :—

SCHOOL MILK (“TUBERCULIN TESTED (PASTEURISED)”).

No. Examined	No. Passing both Phosphatase and Coliform Tests	No. Failing Phosphatase Test only	No. Failing Coliform Tests only	No. Failing Both Tests	No. Tuberculous	Average Fat Solids	Average Non-Fat Solids
149	143	—	6	—	—	3.66	8.99

The total consumption this year amounted to 1,440,168 gallons compared with 1,516,387 last year, a decrease of 76,219 gallons. The quality of this milk compares favourably with that of past years.

Milk Dispensing Machines—These machines give cause for deep concern and alarm in consideration of the results obtained from the examination of the samples. The adverse results continue to appear despite the unceasing efforts of the Milk Officer to persuade operators and owners of these machines to have them thoroughly cleansed and sterilised before milk is passed through them. It will be noted from the following table that the failures again increased.

Year	Number Examined	Number Failed
1963	220	88 or 40.0 per cent.
1964	228	104 or 46.0 per cent.
1965	207	111 or 53.6 per cent.

Assuredly there is a very serious warning here of what might have happened or could happen if this state of affairs is allowed to go unchecked. Since the introduction of these machines in 1959 the urgent need for a legal bacteriological standard has gone unheeded.

The following facts prove beyond doubt the necessity for such a standard. Of the 207 samples obtained, 111 or 53.6 per cent. failed the coliform test prescribed in the 1951 and 1965 Orders, i.e., coliforms absent from 1/100 ml. Coliforms were present in 149 or 72.0 per cent. of the samples when examined in 1/10 dilution and 70 or 33.8 per cent. when examined in 1/1000 dilution.

Colony counts showed equally bad results: 157 samples or 75.9 per cent. had counts of under 200,000 per ml.; 50 or 24.2 per cent. had counts of over 200,000, while 16 or 7.7 per cent. had counts of over 1,000,000.

In 56 samples or 27.1 per cent. coliforms were absent and had a count of less than 200,000 colonies per ml.; 100 or 48.3 per cent., coliforms were present with counts of less than 200,000; 48 or 23.2 per cent., coliforms were present with counts of more than 200,000; 3 or 1.5 per cent., coliforms were absent from those with counts of more than 200,000.

Dairy Cream—Food Standards (Cream) Order, 1951—The number of dairy cream samples taken this year was increased. Two hundred and two samples were examined bacteriologically and 66 of these were considered unsatisfactory because of high count (over 50,000 per g.) and/or the presence of coliform organisms. There is no legal bacteriological standard for dairy cream. In addition, 43 samples were examined in terms of the Order and all but one conformed, while both chemical and bacteriological examinations were carried out on 23 of these.

The 66 or 33 per cent. of the samples which failed were procured chiefly from retail premises and would indicate bad handling or overstocking. The bacteriological results of all samples are reported to dairymen concerned.

Cleansing of Milk Bottles—The number of washed bottles uplifted at the creameries and examined bacteriologically was 140. Of these, 82 showed counts of less than 100 colonies and free from coliforms, while 39 of these had counts of under 10.

The results of bottles washed by the different methods are as follows :—

	No. of Bottles	Satisfactory	Unsatisfactory	Percentage Satisfactory
Washed by Soaker Sprayer Machine	58	50	8	84.20
Washed by Jet Type Machine ...	82	67	15	81.29
Washed by Rotary Brushes ...	—	—	—	—
Washed by Hand	—	—	—	—

Cleansing of Milk Cans—The improvement achieved last year in the washing of milk cans used for bulk supplies was not attained this year.

	Number Examined	Number Satisfactory	Number Fairly Satisfactory	Number Unsatisfactory
1963	102	76	13	13
1964	84	73	4	7
1965	80	63	9	8

The table shows that 63 or 78.8 per cent. were satisfactorily washed compared with 73 or 86.9 per cent. last year ; 9 or 11.3 per cent. fairly satisfactory compared with 4 or 4.8 per cent. last year ; while the percentage of those unsatisfactory was 8 or 10.0 compared with 7 or 8.3.

Ice-Cream.

*The Ice-Cream (Scotland) Regulations, 1948, and
The Ice-Cream (Scotland) (Amendment) Regulations, 1948 to 1963.*

The number of registered ice-cream dealers in the City again showed a reduction. The number now stands at 390, 26 fewer than last year, while 377 certificates of registration are held in respect of vehicles, 28 fewer than last year. The "through-put" of persons temporarily engaged on vehicles vending ice-cream still remains high. Certificates of authorisation issued and recorded during the year numbered 335, being 33 fewer than last year. There were 2,299 inspections made of premises and vehicles.

During the summer months, June to September, inspections were made of ice-cream vendors' vehicles on Sunday afternoons. Infractions, for the most part of a technical nature, of the Regulations were observed and notified to person and/or persons responsible ; ten were unable to produce a Certificate of Authorisation on demand.

*The Food Standards (Ice-Cream) (Scotland) Regulations, 1959 and
The Labelling of Food (Amendment) (Scotland) Regulations, 1959.*

The following table gives the results of the examinations of ice-cream compared with those of last year :—

Year	No. Examined	No. under 50,000 with Coliforms Absent	No. under 50,000 with Coliforms Present	No. over 50,000 with Coliforms Absent	No. over 50,000 with Coliforms Present
1964	304	240	26	21	17
1965	316	222	33	26	35

The table shows 222 satisfactory samples or 70·3 per cent. compared with 240 or 78·9 per cent. last year. This year 35 (11·1 per cent.) of the samples failed both in count and coliform compared with 17 of 304 or 6 per cent. Of the 259 informal samples taken, 254 were subjected to both chemical and bacteriological examinations, while 62 samples went for bacteriological examination only and 5 for chemical examination only. Of the 259 samples, 13 (5·8 per cent.) failed to comply with the legal standard compared with 11 (4·4 per cent.) of the 307 samples taken last year. Only one sample failed in both fat and milk-solids-not-fat.

Samples which failed the legal standard were followed up and repeat samples taken. Repeat samples were also taken of most of those failing the recommended bacteriological standard.

This follow-up may illustrate the value of the work undertaken by the inspector, e.g., a sample showed a count of over 1,000,000 and coli present; repeat sample showed over 100,000 and coli present, and after instruction by the inspector a third sample showed a count of 180 and coliform absent.

Three samples, in addition to the 259 samples taken informally, were dealt with in terms of the Food and Drugs Act. Only one failed to comply with the statutory standard: it was deficient in fat. In view of the slight deficiency it was considered that a letter of warning would meet the case. A repeat sample was satisfactory.

	No. Examined	No. Adulterated	No. Deficient in Fat	No. Deficient in Milk Solids Not Fat	No. Deficient in Fat and Milk Solids Not Fat
1964	257	11	8	3	—
1965	259	13	8	4	1

AVERAGES

		Milk Ices		Dairy Ice Cream and Ice Cream	
		Fat	Milk Solids Not Fat	Fat	Milk Solids Not Fat
1964	...	3·91%	8·16%	6·07%	9·72%
1965	...	3·39%	7·60%	7·41%	9·90%

HIGHEST

1964	...	6·55%	10·90%	15·60%	15·50%
1965	...	4·16%	9·40%	12·46%	14·80%

Imitation Cream.

Food and Drugs (Scotland) Act, 1956, Section 16.

The attention paid to the sampling of imitation cream was maintained. The improvement in the hygienic standard gained two years ago again sustained a set-back.

The number of samples taken was 140 compared with 125 last year. Ninety-five or 67·86 per cent. were satisfactory compared with 94 or 75·20 per cent. last year; 45 or 32·14 per cent. compared with 31 or 24·80 per cent. unsatisfactory. Twenty or 14·28 per cent. of these samples failed because of high counts with coliforms present; 18 or 12·85 per cent. failed in count only and 7 or 5·00 per cent. failed in coli only, while of the 140 samples, 27 had a count of over 50,000 and 37 of 100 or less.

Intimations of unsatisfactory results were sent to bakers from whom such samples were obtained.

Eggs—Egg Products including Imported.

The Liquid Egg (Pasteurisation) (Scotland) Regulations, 1963.

Pasteurised Frozen Whole Egg (Imported).

(1) *Australian*—Twenty-eight samples of this product examined bacteriologically were declared free from *Salmonellae* and all passed the alpha-amylase test, each giving a reading of 7+. This lot amounted to 74 tons 2 cwts. and came via London.

(2) *Polish*—Fifty-two samples were taken, 7 of which were subjected to a full examination. All 52 were free from *Salmonellae*, there was no growth of 6 of the 7 while the seventh showed a count of 25,000 per ml. and coliform in 1/100 ml. Eighty-nine were subjected to and passed the alpha-amylase test giving readings between 4 and 7+. The total weight was 78 tons 19 cwts. 28 lbs., ex Leith.

Frozen Hen Egg Albumen (Imported)—

(1) *Danish*—All consignments were pasteurised, weighing 12 tons 3 cwts. 64 lbs. and imported via Leith. Twenty-eight samples were taken and declared free from *Salmonellae*, while 4 of these were subjected to a full examination; 3 showed no growth and one a count of 4,000. Coli were absent from all 4.

(2) *Dutch*—Four parcels of this product amounting to 12 tons, 3 cwts. 64 lbs. were imported—24 samples were examined and one sample was reported positive *Salmonella* (*S. montevideo*) in one of the parcels. This particular lot was re-exported.

Liquid Whole Hen Egg (Packed in Glasgow).—The two City breaking-out plants continue to operate satisfactorily, although not full-time, and are well maintained. All of the 28 samples obtained were in conformity with Regulations, and all were reported "no growth." The eggs broken out were chiefly home eggs but there were 2 lots of South African and 2 of Polish origin.

Export Certificates.—Certificates to accompany the export of meat and meat products were issued in respect of 5 lots of haggis, 3 lots of black puddings and 3 lots of white puddings being shipped to the Far East, and one lot of sausage casings for America.

Cleansing of Beer, Soft Drinks and Mineral Water Bottles.—The improvement gained in the washing of beer and soft drink bottles was maintained; 100 per cent. of the bottles examined were satisfactorily washed, but the stoppers with the rubber ring still gave trouble and phenolic and other contamination is still cause for concern. No satisfactory method has been evolved for effectively cleansing such contaminated stoppers. One firm uses entirely preformed disposable stoppers and others are installing similar machinery which is most expensive. It is anticipated that at least one other firm will be similarly equipped at an early date.

Merchandise Marks Acts, 1887-1953.—The marking and ticketing of imported foods this year were reasonably well carried out. A number of retailers, however, had to be reminded that although Guernsey tomatoes were sold to them as "home" tomatoes in the market, they must be ticketed "Guernsey." In the early part of the season a few traders had to be reminded that imported potatoes must be ticketed with the country of origin.

The Labelling of Food Orders, 1953-1961, and

The Food and Drugs (Scotland) Act, 1956, Section 6.

Continuing concern is expressed regarding consumer protection in which the labelling and description of foodstuffs for human consumption play a major part, and consequently the scrutiny of wording and declarations on labels affixed to prepacked foods and show-cards on open foods was maintained.

- (1) Jars of honey on display for sale did not carry labels bearing the name and address of the supplier. Enquiries disclosed that the sale of the honey was of small and private nature.

- (2) French " Fresh Butter Slightly Salted " was found to contain salt within the normal range for salted butter and was readily detected by taste. The description was considered confusing and misleading. Correspondence followed in which it was argued by the firm, with headquarters in London, that the description was acceptable south of the border and that the salt was used simply as a preservative. This Department did not agree. The wording and description were subsequently suitably amended on future wrappers.
- (3) Aspirin tablets were found to infringe the weight provision of the Order. Stocks were withdrawn.
- (4) (a) Black Currant Flavoured Jelly Crystals and (b) Jelly Tablets both failed to carry a declaration of ingredients. Correspondence followed. In the first case the sale had been made from old stock which had been discontinued, and in the second the omission was a printer's error which had passed undetected by the manufacturer.

Numerous firms requested this Section's opinion on the wording on labels which they proposed to affix to new products and similar requests were also received from printers. Close liaison is kept with the City Analyst on such matters and as a rule there was complete agreement. It was impressed on such firms that this information was merely opinion and strictly speaking any interpretation was a matter for the Courts. So far there has been no resort to the latter.

Public Health (Meat) Regulations (Scotland), 1932, Section 15.—Ten certificates of approval, three fewer than last year, were granted in respect of meat storage premises, and 69 copies of these certificates, 5 more than last year, were issued for vehicles operating from these premises.

The Lead in Food (Scotland) Regulations, 1961, and Other Metallic Contamination of Food.—Close on 300 samples were examined for the presence of metallic contamination. Of 185 samples examined, arsenic was found in 10 in varying amounts from 1.0 to 0.5 parts per million parts of food; of 152 samples examined for copper, 142 were found to contain copper in varying amounts from 39 to 0.1 parts per million; of 270 samples, 209 contained lead in varying amounts from 12.5 to 0.05 parts per million; of 25 samples, 12 contained zinc in varying amounts from 15 to 0.1 parts per million; of 14 samples, 4 contained tin in varying amounts from 210 to 10 parts per million. These samples were within the statutory limits.

In addition where complaints are made of alleged sickness, particularly on account of canned food, such complaints were submitted

to the City Analyst and in no instance was metallic contamination found to be in excess in the food examined.

The Colouring Matter in Food (Scotland) Regulations, 1957.—As was stated last year, colouring matter plays a very important part in food manufacture and consequently numerous samples were again examined for its presence. This year the exercise was extended to the examination of the colouring matters as they are supplied to bakers, confectioners, etc. Samples of 52 colouring matters were taken. These had all trade names or descriptions which did not indicate what actual colour or combination of colours they contained. No prohibited colour was found.

The following table shows those which were found. The first column under the heading 1965 indicates the colours found in foodstuffs as sold to the public, while the second column details those found in the colouring matter as supplied to the food manufacturer :—

Colour	Occasions on which colour was found			Colour	Occasions on which colour was found		
	1964	1965			1964	1965	
Ponceau MX ...	3	5	2	*Tartrazine ...	25	109	28
*Ponceau 4R ...	2	10	—	Naphthol Yellow S. ...	—	—	—
*Carmoisine ...	13	13	5	Yellow 2G ...	—	3	1
*Amaranth ...	4	33	—	Yellow RFS ...	—	—	1
Red 10B ...	—	4	—	Yellow RY ...	1	1	—
*Erythrosine ...	1	4	11	*Sunset Yellow F.C.F. ...	6	31	4
Red 2G ...	5	13	7	Oil Yellow XP ...	—	—	—
Red 6B ...	3	4	—	*Green S ...	—	4	6
Red FB ...	—	—	1	Blue VRS ...	1	13	3
Ponceau SX ...	1	5	1	*Indigo Carmine ...	—	—	—
Ponceau 3R ...	—	—	—	Violet BNP ...	—	—	2
Fast Red ...	—	4	1	Brown FK ...	—	1	1
Orange G ...	—	5	3	Chocolate Brown FB ...	—	4	6
Orange RN ...	10	12	8	Chocolate Brown HT ...	—	1	6
Oil Yellow GG ...	—	—	—	*Black PN ...	—	—	—

* These colours are permitted in the United Kingdom and by the European Economic Community Directive.

The others are permitted in the United Kingdom but not by the European Economic Community Directive.

Desiccated Coconut.—During the past few years spot checks on supplies of desiccated coconut have shown them to be free from *Salmonella* organisms. Reports on samples, 24 in number, examined this year were again free.

The Mineral Hydrocarbons in Food (Scotland) Regulations, 1964.—The Mineral Oil in Food Orders have been amended, extended and given the new title as above. This is the eleventh consecutive year in which all the samples examined were in conformity with the provisions of the Orders.

Artificial Sweeteners in Food Order, 1947.—No prohibited artificial sweeteners were found again this year. Saccharin, however, was found in 13 of the 267 samples of foodstuffs examined, but within the specified limits.

*Fertilisers and Feeding Stuffs Act, 1926 and
Fertilisers and Feeding Stuffs Regulations, 1960.*

Three of the samples of fertilisers and feeding stuffs submitted for chemical analysis were to the prejudice of the purchaser in as much as the declaration was not in accordance with the statutory statement which accompanied them. Excess fibre was found in one feeding stuff, and two fertilisers were found to conflict with the declaration; one was deficient in potash and the other contained an excess of insoluble phosphoric acid. The manufacturers were informed.

Manufacturers invariably maintain, when taken to task about such excesses and deficiencies, that these are difficult to understand because control samples taken from bulk at the time of manufacture were found to be accurate. It has been further argued it cannot be expected that when bulk is broken down into comparatively small quantities and small packages the contents must necessarily conform.

This Department does not agree and strongly opposes such arguments because very often purchases are made on the strength of the declaration and the purchaser expects and is entitled to what he purchases. This Department also deplores the claims made for trace elements so small in amounts they are difficult to detect and the declaration of fugitive ingredients.

These problems are being considered by appointed committees at Government level.

Byelaws for Regulating Street Trading.—There was a decrease this year in the number of vehicles approved and having suitable accommodation from 1,173 to 1,084, and there were 416 persons engaged in trading from vehicles with storage facilities outwith the City or trading

from vehicles only, an increase from 405. These figures show an overall decrease of 71, from 1,578 last year to 1507 this year.

Inspections of vehicles and storage accommodation totalled 2,430. These inspections included observations taken on vehicles engaged in street trading on Sundays.

Letters of warning for infringements of the byelaws were sent to seventeen street traders. These infringements included one youth under age, not wearing the street trading badge (these often become broken and are not replaced), being unable to produce their street trading permit on demand, and disrepair of the vehicles.

There is a tendency for street traders to present very small vans of the mini type for approval, but it is considered that such vans are too small and too low set for this purpose. A number of traders engaged in the sale of fish have gone over to trailers which are well finished and well equipped.

One street trader was charged with engaging in street trading without having a permit from the Corporation for this purpose. He pled guilty to this charge and was admonished, but was found guilty on a second charge of selling milk without first having a Certificate of Registration from the Local Authority. He pled guilty and was fined £10.

The Food Hygiene (Scotland) Regulations, 1959-1961.—A considerable improvement, perhaps in small things and in structural matters has been achieved by discussion with shopkeepers and food traders, but the problem of stricter hygienic standards in the workers and shop assistants and making them ever conscious of the importance of such standards is still with us. This problem requires constant and patient attention and repetition of the rules and codes of practice. This situation is greatly aggravated by the turn-over of staff.

This year 110 written intimations listing 289 contraventions of the Regulations were sent to occupiers and owners of food businesses. These were all remedied.

The classes on "Food and Food Hygiene" conducted by the Extra-Mural Studies Department of the University of Glasgow continue to be attended to capacity. Most students sat the examination and gained a diploma.

Talks on Clean Food were given to various organisations, e.g., several Guilds and Associations, including the Soroptinists ; a Domestic Science Conference arranged by Jordanhill College of Education and the Home and Health Department (Scottish Hygiene Council) ; a Refresher Course for Housekeepers, Cooks and Assistant Cooks conducted by the Education Department ; trainees to the School Meals Service ; Department of Food Science Discussion Group, University of Strathclyde ; a class of trainee officers of the Department of Agriculture and Fisheries for Scotland ; and a conference under the auspices of the Royal Society of Health, Food and Nutrition Group.

There are two large and excellent factories in the City producing sausages and other meat products. During recent years both have been carrying out extensive modernisation programmes which included the building of new blocks or wings to their factories and the pulling down of the older ones and rebuilding. Incorporated in these new buildings are designs and materials which will enable the operators to maintain readily a very high standard of hygiene. They are equipped with an air conditioning plant, an installation of the most up-to-date manufacturing equipment, including wrapping and coding machines and hygiene and quality control laboratories.

One of these firms completed their building project this year, having entirely rebuilt their factory on the original site, building upwards and outwards leaving room for expansion, and the old buildings have disappeared.

The owners and production staff travelled widely on the Continent and elsewhere to see and purchase the most modern machinery, and the modernisation of these factories will continue as long as more modern machinery becomes available. They are two of the most up-to-date factories in the country.

It is gratifying to add that all the while the management maintained close contact with this Section and that many of the staff of these factories have attended and gained certificates in food handling and food hygiene in classes conducted by the University. Other members of the staff will attend later classes there. The knowledge gained at these classes has been of immense value as is obvious from the high standard of hygiene maintained and the manner in which these factories are operated.

SPECIAL SANITARY OPERATIONS.

(a) *Food and Drugs, etc.*—

	1959	1960	1961	1962	1963	1964	1965
1. Dairies—							
Registered during year ...	209	205	156	298	197	162	246
Removed from Register ...	147	149	215	248	153	161	272
On Register at 31st December	1,705	1,761	1,702	1,752	1,796	1,797	1,771
Number of Inspections ...	9,056	6,561	7,314	6,421	6,561	5,895	6,552
Contraventions of Orders, Acts and Byelaws ...	8	15	25	29	1	2	12
Prosecutions for same ...	1	—	—	1	—	2	11
Repairs or Improvements effected ...	3	3	15	22	1	—	—
2. Dealers in Ice-Cream—							
Registered during year :							
Premises ...	34	24	23	17	23	15	16
Vehicles ...	171	103	71	65	102	81	60
Removed from Register :							
Premises ...	45	35	32	32	29	31	42
Vehicles ...	90	55	87	44	106	180	88
On Register at 31st Dec. :							
Premises ...	473	462	453	438	432	416	390
Vehicles ...	438	486	470	491	504	405	377
Number of Inspections ...	3,175	2,842	2,537	2,357	2,564	2,192	2,299
Contraventions of Acts, Orders or Byelaws ...	31	8	8	16	—	5	111
Prosecutions for same ...	1	—	—	—	—	1	—
Repairs or Improvements effected ...	—	—	—	3	—	4	—
3. Byres for Milch Cows—							
Number of Dairy Byres as at 31st December ...	34	37	37	37	37	36	36
Number of Cows licensed for ...	993	1,122	1,134	1,134	1,166	1,025	1,025
Average number kept ...	857	975	928	1,038	879	741	768
Number of Inspections ...	230	238	232	265	228	234	221
4. Unwholesome Food—							
Number of Inspections ...	11,822	8,832	9,364	9,198	9,243	9,406	9,636
Number of Lots dealt with	2,650	2,493	2,531	2,192	2,069	2,173	2,037
Nature of Food destroyed at Inspector's instance—	Tons	Tons	Tons	Tons	Tons	Tons	Tons
With Owner's consent ...	151	197	149	130	107	143	126
Assorted Foodstuffs ...	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.
... ..	7	18	4	8	8	11	8
... ..	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.
... ..	49½	27	77	54¾	½	75¾	106½
5. Food and Drugs (Scotland) Act—							
Informal Samples analysed ...	3,838	3,802	3,908	3,705	3,692	3,601	3,841
Statutory Samples analysed	1,361	1,406	1,441	1,370	1,371	1,355	1,411
Statutory Samples found non- genuine ...	41	42	41	36	41	32	29
Proceedings instituted ...	32	33	29	28	25	20	18
Number of Convictions ...	29	32	28	28	25	20	18
Amounts of Fines imposed ...	£154	£163	£155	£190	£155	£135	£100
Number dismissed or found "Not Guilty" ...	—	—	—	—	—	—	—
Number Deserted Simpliciter	—	—	—	—	—	—	—
Number No Action ...	—	1	1	1	1	—	—
Number Dismissed ...	1	—	—	—	—	—	—
Number Admonished ...	—	1	—	—	—	—	—
Number Acquitted ...	2	—	—	—	—	—	—

ABSTRACT OF COURT PROCEEDINGS.
ADULTERATED SAMPLES AND CONTRAVENTIONS DURING 1965.
FOOD AND DRUGS (SCOTLAND) ACT, 1956.

No. of Complaints	Nature of Complaint and Alleged Offence	No. of Convictions	Amount of Fines Imposed	No. Admon-ished	No. Acquitted	No. Action
<i>Sausages—</i>						
8	Contained an excess of preservative ...	8	£40	—	—	—
<i>Mince</i>						
9	Contained preservative during proscribed period ...	9	£55	—	—	—
<i>Mince—</i>						
1	Contained an excess of preservative during permitted period ...	1	£5	—	—	—
—		—	—			
18		18	£100	—	—	—

OTHER THAN FOOD AND DRUGS ACT.

THE MILK AND DAIRIES (SCOTLAND) ACT, 1914.

10	Carrying on the business of a Dairy-man without a Certificate of Registration ...	9	£85	—	—	1
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THE BYELAWS FOR REGULATING STREET TRADING, 1952
(AS AMENDED)

1	Engaging in Street Trading without a Permit ...	1	—	1	—	—
—		—	—	—	—	—
11		10	£85	1	—	1
—		—	—	—	—	—
29	Grand Total ...	28	£185	1	—	1
—		—	—	—	—	—

SECTION XV

AIR PURIFICATION

The effect of the City's Clean Air Campaign is becoming more evident from year to year. Vistas in the City which were hidden by smoke are becoming apparent and particularly in the centre of the City. The trees, shrubs and flowers in George Square are also enjoying the benefits of a clean atmosphere and the number of buildings being cleaned is increasing. Only the smoke from road transport and the depredations of the starlings remain to bring discomfort to the pedestrians in the shopping centres.

For the fifth year in succession it was observed that fog in the centre of the City was either absent or less dense than in areas which are outside smoke control.

CLEAN AIR.

The Corporation's proposals to have the whole of the City smoke free in the early 1970's are being implemented. Craigton Smoke Control Area Order came into force on the 30th September, 1965, bringing the total number of premises covered by Orders to 70,447. Orders in respect to Cathcart, Cathcart No. 2 and Dennistoun will be in force by the autumn of 1966, and the total number of premises covered by Orders will reach 100,000.

The Order made on the 10th September, 1964, for the Pollokshaws (No. 2) Smoke Control Area has been the subject of an enquiry and has been approved by the Secretary of State on the 6th June, 1966.

The next three Orders in respect to the Wards Camphill, Govanhill and Langside, which were made on the 23rd December, 1965, have been approved by the Secretary of State on 30th August, 1966. The total number of premises covered by these Orders is 28,167 with a combined acreage of 1,647.

Exhibitions were held in Langside and Dixon Public Halls which were well attended and three show houses were open to the public, one in each of the Wards. The operative date for these Orders is 30th September, 1967.

Preliminary work of survey is being carried out in the Wards of Fairfield, Knightswood and Whiteinch, covering some 28,000 houses. Orders in respect of these Wards will be put before the Corporation for consideration either before the end of 1966 or the beginning of 1967.

CLEAN AIR ACT, 1956 — SMOKE CONTROL AREAS.

Area.	Date of Order.	Date of Approval by Secretary of State.	Order comes into Force.	Acreage.	No. of Industrial Premises.	No. of Commercial Premises	No. of Other Dwellings.	No. of Premises.
Central	11th December, 1958	15th April, 1959	15th October, 1959	201	420	3,546	253	34
Central No. 2 (Ex-tension West of Central)	24th December, 1959	29th March, 1960	15th October, 1960	160	113	2,154	655	45
Central No. 3 (Ex-tension East of Central)	24th December, 1959	29th March, 1960	15th October, 1960	91	48	341	1,442	15
Pollokshaws ...	24th December, 1959	29th March, 1960	15th December, 1960	2,794	36	85	10,216	203
Pollokshields ...	9th June, 1960	26th April, 1961	15th May, 1962	1,239	22	252	3,716	81
Pollokshields (No. 2)	22nd December, 1960	29th August, 1961	30th September, 1962	2,010	3	54	6,368	49
Provan	21st December, 1961	4th April, 1962	15th May and 16th August, 1963	4,845	40	185	22,160	66
Craigton	20th December, 1962	27th May, 1964	30th September, 1965	1,566	29	244	12,007	87
Shettleston and Tollcross	29th April, 1963	24th October, 1963	30th September, 1964	610	19	53	5,386	20
Dennistoun ...	19th December, 1963	17th March, 1965	31st October, 1966	689	38	495	8,408 (a)	74
Cathcart (No. 1)	10th September, 1964	12th March, 1965	31st August, 1966	641	4	387	5,283	57
Cathcart (No. 2)	10th September, 1964	12th March, 1965	31st August, 1966	2,096	3	300	13,669 (b)	36
Pollokshaws (No. 2)	10th September, 1964	6th June, 1966	31st August, 1967	288	Nil	39	1,931	7
Camphill	23rd December, 1965	30th August, 1966	30th November, 1967	481	16	761	7,957	143
Govanhill	23rd December, 1965	30th August, 1966	30th November, 1967	365	10	587	8,848	29
Langside	23rd December, 1965	30th August, 1966	30th November, 1967	801	10	495	9,319	192

It is expected that by the end of 1966 the acreage of the City covered by Smoke Control Area Orders will be 42 per cent. and of the population 34 per cent.

Supplies of solid smokeless fuels have been reasonable. Gloco, the improved standard fuel, is in good supply and increased production of premium fuels like Coalite and Rexco have been of considerable assistance. A new premium fuel, Barnsley Burnbrite, has now become available in limited supplies in the Glasgow area.

Since the inception of the Clean Air Act, 1956, Glasgow has made steady progress in its campaign to make a smoke-free city. During the past year the Smoke Control Areas were increased by the inclusion of the Craigton Ward. This area was scheduled to come within a Smoke Control Order early in 1964 but was delayed owing to an objection which necessitated the holding of a public enquiry.

After the inception of a Smoke Control Area householders are given a short period of grace to enable them to familiarise themselves with the authorised smokeless fuels and to clear out any stock of bituminous coal which they may have accumulated.

During these early stages the Smoke Inspectors make numerous visits in the area, giving advice and information relevant to the Smoke Control Order.

There is no doubt that the extension of the Smoke Control Areas has made a visible improvement in atmospheric conditions in Glasgow. The full effect of this, however, will not be appreciated until the whole City becomes a smoke control area and the neighbouring counties too have taken similar action.

The improvement in the industrial field has been particularly noticeable. The heavy prolonged emission of smoke which was a common occurrence at one time is now seldom seen. This is undoubtedly due to the growing appreciation of the economic benefits to be derived from smoke-free combustion.

SUMMARY OF DISTRICT WORK DONE BY SMOKE INSPECTORS DURING 1965.

For administrative purposes the City is divided into respective areas. Each inspector is intimately conversant with the industrial plants in his district and is responsible for their supervision. It is essential for the purpose of corroboration that the inspectors work

in pairs, should Court action be contemplated. Fortunately it is only rarely that punitive action is necessary, industry in general being only too willing to co-operate in abating a nuisance when attention is directed to it.

The following table summarises the general pattern of the work carried out by the staff during the year under review :—

Number of observations of chimneys (industrial)	4,949
Number of inspections of steam boilers and other furnaces	677
Number of verbal intimations of excessive smoke	329
Number of Prior Approval locations inspected	107

The above figures do not include the numerous visits to domestic dwellings in Smoke Control Areas.

Other technical duties carried out by the staff and not included in the above table are the supervision and maintenance of the volumetric air recording instruments together with the monthly collection and replacement work in connection with the precipitation gauges.

CLEAN AIR ACT, 1956, SECTION 3 (2). PRIOR APPROVAL APPLICATIONS.

This section of the work continued on much the same scale as last year, the number of Prior Approvals submitted being slightly higher than the previous year. In all instances when a Prior Approval request is received a visit is made to the location and height of the new chimney in relation to the surrounding properties noted.

All applicants for Prior Approval are required to complete a questionnaire giving full particulars of any new plant or alterations which they propose to install. If accompanied by drawings and found to be satisfactory, the full details are submitted to the appropriate committee for their approval.

The trend of industry is still the conversion of boiler plants from solid to oil fuel. Since oil firing is much easier to control, provided the plant is properly operated, the smoke emission will be negligible. Whilst this is a system worthy of approval it brings with it another problem—the emission of fumes.

From the economic point of view the heavy residual oils—3,500 seconds Redwood No. 1 at 100°F. with the corresponding high sulphur content of 3 per cent.—are becoming increasingly used with the larger

types of boiler plants. Because of the high SO_2 emission with this type of fuel it is essential that the chimneys be of a sufficient height so that the discharge will give no cause for complaint.

This section of the work can at times require a considerable amount of correspondence and meetings with the architects since it is their policy not to spoil the appearance of a building by erecting tall chimneys.

PLANT IMPROVEMENTS NOTED DURING THE YEAR.

A very important aspect of practical smoke abatement is in the advisory work carried out by the staff in the course of their duties. As a result of the suggestions and advice to plant users during inspections, etc., many far-reaching improvements are effected. Some of these are of a simple character, easily carried out and resulting in almost immediate improvement. In others, more extensive remedies and alterations are called for, usually with a proportionate increase in the capital expenditure ; sometimes very large indeed. These results have to be waited for but they always materialise.

The following table indicates the various improvements that have been recorded during 1965 :—

Number of new steam boilers installed to give increased capacity	86
Number of mechanical stokers fitted to steam boilers and other furnaces	11
Number of new chimneys erected or existing chimneys heightened	47
Number of steam boilers or process furnaces converted to oil	108
Number of improvements not included under the above headings	33

The above figures indicate alterations and additions to plants that have been made during the year. Some are of a substantial nature involving considerable capital outlay and are not inclusive of ordinary plant maintenance.

A few of the major improvements recorded during the year are as follows.

A well known firm of carpet manufacturers in the east end of the city have built a large new factory which is equipped with the latest type of oil fired steam generating plant. This plant is fully instrumented and is typical of the modern trend in boiler-house practice. The new factory will eventually replace some of the older premises which are to be shut down.

At the Municipal Buildings a complete new boiler installation has been installed. This consists of three packaged type oil fired Cochran boilers which replace two solid fuel fired Lancashire units. The new plant is automatic in operation and is fully instrumented. It is much larger in capacity than the old plant and will supply the heating and hot water requirements of both buildings whereas in the original layout two independent boiler plants were in use.

At the Pinkston Power Station in the Port Dundas area of the city a battery of water tube boilers has been fitted for oil burning to replace solid fuel firing on chain grate stokers. Prior to the conversion this plant was the subject of numerous and persistent complaints. All Power Generating Stations are registered under the Alkali Act and thereby under the control of the Alkali Inspector. If any unusual conditions are observed or complaints received, the Smoke Inspector will carry out an inspection, make recommendations and report the matter to the Alkali Inspector

British Rail have installed at their St. Rollox Works a large new central power plant to replace a number of independent coal fired boiler units which were located at various points throughout the works. These were the cause of many justifiable complaints in the past and were a source of concern to this Department. The new plant comprises four "Multipac" packaged boilers and is equipped for oil firing. Since commissioning, this plant has proved to be most efficient and the general amenity of the immediate area has been greatly improved.

A complete new boiler plant consisting of three Clayton Steam Generators has been installed at the Western District Hospital. This plant is of modern design, oil fired and fully instrumented. It replaces two hand fired Lancashire boilers which were the cause of many complaints. Conditions are now satisfactory.

A well known bottle manufacturing firm in the east end have installed a large new glass melting furnace. This unit is oil fired and owing to its increased capacity will greatly reduce the loading conditions of the plant. Complaints of the emission of grit from this plant were numerous in the past. No complaints have been received since the new plant has been commissioned.

At Robroyston Hospital three large Marshall Economic type oil fired boilers have been installed to replace two solid fired fuel units.

The new plant is of increased capacity and has overcome the heavy loading conditions which were prevalent with the old plant and were causing heavy smoke emission.

Another example of the increased efficiency to a hospital boiler plant is that of the Royal Samaritan Hospital for Women. The coking type stokers have been replaced with chain grate units, resulting in a marked reduction in smoke emission.

A large brewery firm adjacent to the central area of the City have installed a completely new power house with the latest type of oil fired boilers. The new plant consists of three Wilson "Multipac" boilers which replace a battery of four coal fired Lancashire units. This plant is fully instrumented and is a good example of an efficient compact steam generating unit.

GRIT AND DUST EMISSION.

This type of nuisance, which is dealt with under the terms of Sections 5 and 6 of the Act, can at times be intolerable. The identification of the cause in some cases is not easy, especially in a highly industrialised area where the emission is not visible. By the process of elimination, however, the offender is generally traced. If the emission of grit is excessive, the fitting of an arrestation plant is advocated. Unfortunately the cost of grit and dust collectors is high and this may account in some cases for the delay in the installation of such plants.

Sometimes a change in the grade of fuel can remedy the problem, as was the case in one large boiler plant in the north-eastern area of the city.

In the past the worst offenders of fume and grit emission were the foundries. With the gradual modernisation throughout this industry, together with the increase in the installation of grit arrestors and gas washing plants, there has been a marked reduction in the discharge to the atmosphere from this source.

Another form of nuisance that has been the cause of complaints is the incineration of industrial refuse. The usual cause of trouble was due to the small capacity of the units coupled with the low chimneys. Such appliances should be of adequate capacity and should be fitted with suitable chimney heights to meet local conditions. They should

also be fitted with after-burners so as to eliminate any possibility of emitting smoke. Suitable water seals and catchment chambers should also be incorporated so as to prevent as far as possible carbonised paper being discharged to the atmosphere. It is also essential that these units be operated by a responsible person and not overcharged and abused as is so often the case.

COMPLAINTS RECEIVED AND INVESTIGATED.

Complaints continue to be received regarding smoke from domestic premises within smoke control areas. This is a sign that the residents are smoke conscious and will not tolerate any atmospheric pollution which they know can now be avoided.

The Smoke Inspectors have found from experience that in a recently declared area a great many warnings and in some cases Court action are required before the use of unauthorised fuel ceases.

As in past years, much of the trouble stems from the sale of so-called "smokeless nuts" and pre-packed coal. It is apparent that as long as these fuels are available in smoke control areas the householders will be tempted to use them.

With this problem in mind, the Corporation of Glasgow are seeking Parliamentary powers to make it illegal to sell any fuel other than an authorised fuel in smoke control areas.

The complaints with regard to industrial smoke are more complex. These emissions may be intermittent and often require repeated visits and observations. The nature of the process and the size of the plant are the deciding factors on the action to be taken.

PROSECUTIONS TAKEN DURING THE YEAR.

Prosecutions taken during the year were mainly in respect of smoke being emitted from dwellings in contravention of Section II (Sub-Section 2) of the Clean Air Act, 1956.

It has always been the policy of this department to give all possible assistance to offenders by advice, demonstration and appeal, rather than to resort to Court action. Unfortunately in a few instances where it was observed that there was a flagrant disregard of the Act there was no alternative but to take punitive action. This has proved to

be effective, as in a number of cases where sentence was deferred for further observations to be made, the chimney in question gave no further cause for complaint.

During the year 82 prosecutions were taken in respect of domestic smoke offences in Smoke Control Areas. In addition 108 warning notices were given.

All cases are dealt with by the Stipendiary Magistrate in the Central Police Court. The following are the findings of the Court :—

- 28 Pled guilty and were admonished after sentence had been deferred for further observations to be made.
- 3 Pled guilty and were admonished.
- 4 Pled guilty and were each fined £1.
- 18 Pled guilty and were each fined £2.
- 4 Pled guilty and sentence was deferred for further observations to be made.
- 4 Cases were deserted pro loco.
- 21 Cases pending.

In the industrial and commercial field Court action was taken in respect of nine firms for contravention of Section 1 of the Clean Air Act, 1956. Of these, one was fined £20, four were fined £10 each and one £2. Of the remainder, one case was deserted pro loco and another is awaiting trial.

In the case of a large ocean-going vessel a plea of not guilty was tendered. This case went for proof and a verdict of not guilty was given on a legal technicality.

SHIPPING IN THE RIVER AND HARBOUR AREAS.

Shipping in the harbour and upper reaches of the river is subject to the same control as is exercised in the city. It can be readily understood that steamships with their large compact boiler plants have an extensive smoke potential. It is for this reason that a close watch is kept in the port area. Fortunately with regard to the number of vessels involved the aggregate of smoke emission is relatively small.

Although the problems affecting marine practice are somewhat different from those of a land installation, the Smoke Inspectors from their own marine experience are well qualified to offer technical advice.

The majority of the complaints received were related to vessels undergoing major engine and boiler repairs. Under these conditions it is difficult to avoid emission of smoke and the engine-room staff are advised on the best methods of minimising this.

A number of foreign vessels were visited and as it was apparent that several were unaware of the implications of the Clean Air Act, instructions were left with their Agents notifying them of the infringement of the regulations.

RAILWAYS AND SERVICING DEPOTS.

The continuance of the British Rail modernisation scheme has brought with it a marked reduction in the number of complaints of smoke. The few complaints received were in respect of locomotives at the City terminals prior to their departure. These were reported to the Railway Authorities who took prompt action in rectifying the nuisance.

It was expected that the change over from steam to diesel locomotion would have been completed this year. This has not been the case and until such time as a complete replacement of the steam units takes place, this smoke nuisance will continue.

The extension of the electrification of the suburban lines is the only complete answer. Whilst the introduction of diesel locomotives was a major step in this direction, it must be understood that these power units too, if not properly maintained, can also be a source of smoke emission.

In general, however, British Rail has done a great deal in reducing atmospheric pollution in the city by its many modernisation schemes.

EDUCATIONAL ACTIVITIES—TRAINING OF OPERATIVES.

ANNUAL WINTER COURSES IN BOILER HOUSE PRACTICE AND SMOKE ABATEMENT.

Following past procedure, all Departments of the Glasgow Corporation and industrial firms generally in the Glasgow area were circularised of the arrangements being made for the resumption of the classes. A number of neighbouring Local Authorities who made enquiries were also advised. A joint ordinary and advanced course began on Tuesday, 5th October, 1965, in the Burgh Court Hall, Municipal Buildings. This is a convenient central venue and the necessary arrangements had been made with the Corporation for its use as in former years. The classes were held on each week thereafter on both Tuesday and Thursday evenings between 7.30 and 9.15 p.m. The nominal fee of 5s. was again charged for the course of lectures.

The total enrolment was 49 and was made up of 41 in the first year and 8 in the second or advanced year respectively. The course concluded on the 21st January, 1966. The attendances over the session were 69.5 per cent. in the ordinary and 76 per cent. in the advanced, giving a combined figure of 72.8 per cent., and indicated a sustained attendance for the course. Late work and shift work conditions by a number of the class members were again the rule and necessitated some attending at both level of lectures in alternate weeks. The total regular lectures given was 28, and in addition, two refresher lectures of two hours each were given for those students who had intimated their intention to go forward for either the Boiler Operator or Boiler House Practice Examination of the City and Guilds of London Institute.

The class written examinations were held on Tuesday evening, 25th January, 1966, between 7 and 9.30 p.m. in the Lecture Room of the Health and Welfare Department, 20 Cochrane Street. A total of 26 men attended, 21 taking the ordinary and 5 the advanced papers respectively. The pass mark for a merit certificate was 50 per cent. Book prizes have been presented yearly by the Society to the three candidates in each class having top marks and who are eligible, i.e., bona fide boiler operators or men of similar status. Sixteen men in the ordinary and 5 men in the advanced gained merit certificates.

During the session, class visits were made on two evenings to both Cardowan Colliery, Stepps, and Braehead Electrical Station, Renfrew. These visits to various up-to-date plants each session have been found to be of distinct educational value.

ATMOSPHERIC POLLUTION MEASUREMENTS AND RECORDINGS.

The work of this Department includes the testing of atmospheric conditions prevailing at various locations throughout the City. This part of the work is the responsibility of a technical assistant whose duty is to supervise, analyse and record the data obtained from all recording apparatus. Assistance is also given by the nursing staff where the apparatus is situated in a clinic.

This work is carried out in co-operation with the Ministry of Technology at Stevenage, to which all readings obtained are forwarded for inclusion on the National Survey of Air Pollution.

The apparatus in use for recording purposes consists of fourteen Deposit Gauges and twelve Volumetric Filters of which four are fully automatic, giving a daily reading for one week without attention.

DEPOSIT GAUGES.

Eleven standard Deposit Gauges are located within the city boundaries and there are in addition three country sites at Loch Katrine, Mugdock and Gorbals Water Works. The country sites afford a comparison with conditions prevailing in the city.

The figures at the end of this report have been calculated from the results submitted by the Corporation Chemist in his analysis of the monthly samples from the various stations.

DEPOSIT OF EACH ELEMENT OF ATMOSPHERIC POLLUTION
FOR 1964 AND 1965.

	Tons per Square Mile per Annum.	
	1964	1965
Tar	3.55	3.39
Carbonaceous other than Tar ...	38.98	31.38
Ash	91.70	84.86
Total Insoluble Matter	134.24	119.63
Total Soluble Matter	64.94	70.32
Total Solids	199.18	189.95
Rainfall in Millimetres	856.00	1,002.00

VOLUMETRIC SMOKE AND SULPHUR FILTERS.

The concentration of Sulphur dioxide and also smoke and other suspended matter in the atmosphere are recorded daily by twelve instruments in selected locations throughout the City. Comparative figures for sulphur dioxide and smoke densities for one site in the Central Smoke Control Area are given in the following table:—

MONTROSE STREET—CENTRAL SMOKE CONTROL AREA.

SO₂ CONCENTRATION—MICROGRAMMES PER CUBIC METRE.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1963	415	357	200	156	126	97	—	106	149	205	322	371
1964	342	255	219	168	79	72	58	75	104	230	351	240
1965	241	407	198	145	106	62	57	69	100	182	222	323

SMOKE CONCENTRATION—MICROGRAMMES PER CUBIC METRE.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1963	484	406	276	167	106	102	—	105	100	136	318	372
1964	353	295	274	155	99	95	75	101	122	273	371	286
1965	305	627	208	104	82	69	62	63	134	245	279	432

AVERAGE DEPOSIT OF EACH ELEMENT OF ATMOSPHERIC POLLUTION FOR EACH MONTH OF 1965.
ENGLISH TONS PER SQUARE MILE.

Month	Rainfall in millimetres	INSOLUBLE MATTER										Included in Soluble		TOTAL SOLIDS					
		Tar	Carbonaceous less Tar	Ash	Total		Total Soluble Matter	Total Solids, 1965.	Sulphate as SO ₄	Chlorine as Cl.	1964	1963	1962	1961	1960	1959			
					Insoluble Matter	Total Solids													
Mean of 11 Stations	...	0.29	3.04	7.13	10.46	10.40	20.86	2.36	3.06	19.25	20.85	38.27	22.31	20.56	18.77				
January	121	0.24	1.56	4.90	6.70	3.41	10.11	—	—	14.22	7.62	20.84	19.54	21.70	16.50				
February	11	0.28	5.10	13.35	18.73	5.78	24.51	2.07	0.99	20.09	23.64	18.68	15.06	18.01	20.08				
March	60	0.30	2.94	7.87	11.11	5.88	16.99	1.59	1.42	21.38	14.59	19.33	18.54	17.24	15.11				
April	79	0.31	1.37	4.93	6.61	4.76	11.37	1.85	0.60	13.50	14.73	20.62	10.97	18.07	11.03				
May	78	0.16	3.01	6.58	9.75	5.26	15.01	1.70	0.81	14.87	12.12	13.12	11.88	13.51	13.49				
June	89	0.25	2.14	4.16	6.55	3.80	10.35	1.00	0.26	12.96	10.08	9.24	17.40	14.25	11.71				
July	78	0.20	1.37	6.06	7.63	5.74	13.37	1.22	0.88	16.49	11.36	10.92	13.97	15.01	7.89				
August	110	0.41	2.58	6.68	9.67	3.85	13.52	1.42	0.30	12.71	13.63	20.73	19.03	13.92	15.15				
September	132	0.34	2.72	8.81	11.87	7.92	19.79	1.96	1.93	16.56	10.00	14.03	20.06	17.02	21.86				
October	100	0.24	1.71	5.62	7.57	6.23	13.80	1.59	1.47	18.80	23.62	18.40	22.99	22.56	16.42				
November...	48	0.37	3.84	8.77	12.98	7.29	20.27	2.22	1.22	18.35	17.25	21.37	25.01	24.91	20.67				
December	96	3.39	31.38	84.86	119.63	70.32	189.95	18.98	12.94	199.18	179.49	225.55	25.76	216.76	188.98				
Yearly Deposit in tons per square mile	1002	0.28	2.62	7.07	9.97	5.86	15.83	1.73	1.18	16.69	14.95	18.80	18.06	18.06	15.75				
Monthly mean of all Gauges	...	8.4	...	...	...	...	...	...	...	...	...	...	...	...	...

SECTION XVI

GENERAL SANITARY OPERATIONS.

The City is divided into 37 wards which, for convenience, are administered in five Public Health Divisions, shown as follows :—

EAST.		NORTH.		CENTRAL.	
Ward No.		Ward No.		Ward No.	
1.	Shettleston and Tollcross.	8.	Cowlairs.	11.	Exchange.
2.	Parkhead.	9.	Springburn.	12.	Anderston.
3.	Dalmarnock.	10.	Townhead.	13.	Park.
4.	Calton.	14.	Cowcaddens.	19.	Kelvinside.
5.	Mile End.	15.	Woodside.	20.	Partick (East).
6.	Dennistoun.	16.	Ruchill.	21.	Partick (West).
7.	Provan.	17.	North Kelvin.	22.	Whiteinch.
		18.	Maryhill.	23.	Yoker.
				24.	Knightswood.
SOUTH-EAST.			SOUTH-WEST.		
Ward No.		Ward No.			
25.	Hutchesontown.	27.	Kingston.		
26.	Gorbals.	28.	Kinning Park.		
33.	Camphill.	29.	Govan.		
34.	Pollokshaws.	30.	Fairfield.		
35.	Govanhill.	31.	Craigton.		
36.	Langside.	32.	Pollokshields.		
37.	Cathcart.				

The area, population and average density (persons per acre) of each Division in 1965 was as follows :—

	Area	Population	Density
Central	7,050 acres	207,752	29
North	8,172 „	195,830	24
East	8,855 „	234,914	26
South-East	8,246 „	210,840	26
South-West	7,402 „	151,521	20
City	<u>39 725</u>	<u>1,000,857</u>	<u>25</u>

North of the River ... 638,496 South of the River ... 362,361

The following table, which is based on information supplied by the City Assessor, shows the number of occupied and unoccupied houses in each Division as at Whitsunday, 1965 :—

				Number of Houses		
				Occupied	Empty	Total
Central	...	...	...	67,031	1,677	68,708
North	...	...	...	64,054	2,195	66,249
East	...	...	...	72,158	1,388	73,546
South-East	...	...	...	67,637	1,182	68,819
South-West	...	...	...	47,619	1,141	48,760
				318,499	7,583	326,082
				318,499	7,583	326,082

The work of this section is summarised in Appendix Table XV—“Operations of the Sanitary Section”—and the following is a short report thereon :—

Mr. Alexander Easton, Senior Divisional Sanitary Inspector, died on 12th May, 1966. Mr. Easton had been a member of the Health and Welfare Department for more than 35 years and was Sanitary Inspector for the Eastern Division before being appointed to the post of Senior Divisional Inspector in 1962. He was an able man who devoted his whole energy to the work in hand. Outstanding was his knowledge of offensive trades and rat infestation and, as a man who knew the countryside, pigeon infestation. He planned and carried out massive campaigns towards the eradication of rat infestation in the City and particularly in the sewers, and used his skill and knowledge in the control and limitation of the pigeons in the City.

During his four years as Senior Divisional Inspector considerable progress was made in standardising the administrative practices within the five Divisions, and while much has been achieved further progress is still required in this direction.

The shortage of qualified sanitary inspectors in Glasgow has adversely affected the extension of the duties required by new legislation. Despite this continuing shortage it has been possible to organise large pigeon and rat eradication schemes and the success achieved has been one of the highlights of Mr. Easton's period in office.

The assault on the sewers was carried out as if it were a military operation with excellent results. As many as 1,500 manholes were

baited in one operation at the rate of 350 an evening. During the year this work has continued but on a more limited basis. Further efforts must be made, however, if infestation is to be conquered.

Large scale pigeon eradication schemes had been found to be costly in manpower and in overtime, and in recent years Mr. Easton decided to experiment with pigeon traps. At present nine traps are being used in the City and during 1965, 6,245 pigeons have been captured by this method, which has proved to be the most successful yet having regard to the demand on staff time.

The Offices, Shops and Railway Premises Act, 1963, was in full operation during the year and, owing to shortage of staff, eight unqualified men were recruited and given a training course lasting four to five weeks. Unfortunately by the end of the year four of these men had left and further recruits are required.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

This Act, which became operative on the 1st August, 1963, has resulted in over twelve thousand premises being registered with the Local Authority and has taken the Sanitary Inspector into the field of accident prevention. It has also given rise to the problem of surveying and inspecting 12,000 known premises and probably up to 20,000 premises in the years to come. It is necessary to have a detailed statistical control and Table I below shows the results of this control. It will be observed that 25 per cent. of the premises have been inspected, but this rate of progress will not continue as the higher the number of premises inspected, the greater the number of follow-up visits required. While progress has been made in having contraventions remedied, it must be obvious that 1,899 contraventions remedied out of 8,066 found and intimated in writing to occupiers or owners is completely unsatisfactory.

TABLE I—(Continued).
 PREMISES REGISTERED, PER DIVISION, GENERAL INSPECTIONS CARRIED OUT AND CONTRAVENTIONS
 FOUND AND REMEDIED.

DIVISION	CENTRAL						Total	NORTH						Total	EAST						Total
	1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6	
Type of Premises																					
Total Registered	3,302	1,776	441	370	7	3	5,899	237	857	55	198	5	4	1,356	349	1,027	94	190	—	2	1,662
Total No. of Employees	51,872	21,800	8,358	6,331	864	40	89,625	3,004	3,960	858	1,455	115	32	9,424	2,837	4,251	1,000	1,387	18	5	9,498
General Inspections (G.I.)	68	101	64	33	—	—	266	29	410	5	56	—	—	500	90	370	10	32	2	—	504
Other Inspections	293	753	190	133	—	—	1,369	1	113	3	24	—	—	141	125	787	14	58	2	—	986
Contraventions Found	604	1,195	671	313	—	—	2,783	56	283	8	219	—	—	566	287	1,406	62	116	—	—	1,871
Contraventions Remedied	106	425	124	168	—	—	823	3	30	—	5	—	—	38	99	329	12	62	—	—	502
Accidents Reported	36	77	15	5	1	—	134	3	4	1	3	—	—	11	7	7	2	1	—	—	17

DIVISION	SOUTH EAST						Total	SOUTH WEST						Total	CITY						Total
	1	2	3	4	5	6		1	2	3	4	5	6		1	2	3	4	5	6	
Type of Premises																					
Total Registered	384	1,123	59	154	—	—	1,720	327	866	57	162	1	1	1,411	4,563	5,649	706	1,074	13	10	12,015
Total No. of Employees	3,623	5,389	852	1,066	55	1	11,016	4,269	3,506	1,799	916	53	41	10,704	65,605	88,996	12,867	11,215	1105	119	129,907
General Inspections (G.I.)	112	590	19	144	—	—	865	45	776	11	8	—	—	840	314	2,247	109	273	2	—	2,975
Other Inspections	416	1,007	—	155	—	—	1,578	143	1,063	44	31	—	—	1,281	978	3,723	251	401	2	—	5,355
Contraventions Found	206	1,026	14	74	—	—	1,320	152	1,184	26	161	—	—	1,520	1,305	5,091	781	886	—	—	8,066
Contraventions Remedied	17	119	2	2	—	—	160	17	287	3	59	—	—	306	272	1,190	141	206	—	—	1,899
Accidents Reported	2	24	—	—	1	—	27	12	12	15	—	—	—	37	48	124	33	0	0	—	216

TREATMENT OF SEWERS FOR RAT INFESTATION.

Because of staff shortage the scale of operations was considerably reduced. In 1964 a total of 6,445 manholes were baited while in 1965 only 421 were treated. The table below shows the relevant details, and it will be observed from the results that the need for this type of operation is greater than ever.

TABLE II.

TABLE SHOWING RESULTS OBTAINED IN POISONING OF RATS IN SEWERS DURING 1965.

Division	Areas	No. of Man-holes Treated	Weight of Bait used per Manhole	Takes Per		No Takes Per		No Results Per		Total
				No.	Cent.	No.	Cent.	No.	Cent.	
Central	2	248	4 oz.	86	34.67	159	64.12	3	1.20	248
Northern	2	110	4 oz.	15	13.64	94	85.45	1	0.91	110
Eastern	—	—	—	—	—	—	—	—	—	—
South-Eastern	3	63	7 lb.	52	82.54	10	15.87	1	1.59	6
South-Western	—	—	—	—	—	—	—	—	—	—
City	7	421	—	153	36.34	263	62.47	5	1.19	421

THE PUBLIC HEALTH (SCOTLAND) ACT, 1897—NUISANCES.

The duties of the Sanitary Inspector in a large City consist of ascertaining the existence and abatement of nuisances. These vary in complexity and urgency. In 1964 the total for the City was 51,463, and in 1965, 58,683, a percentage increase of 12.3 per cent. It is remarkable that this total remains so high when the standards of housing and other living conditions have improved to such an extent. It is interesting to note the trend over the past 30 years.

NUISANCES ABATED.

1935	...	...	...	62,658
1945	...	...	...	66,879
1955	...	...	...	54,084
1965	...	...	...	58,683

It must be noted, however, that the type of nuisance being dealt with has changed over the years and what previously would have been regarded as trivial because of the existing conditions prevailing, now is regarded as serious and worthy of attention. It is obvious that some

50,000 nuisances per annum will require to be abated by the legal procedure for which this Department is responsible. The table below shows the relevant details relating to the five Divisions.

TABLE III.

TABLE SHOWING THE NUMBER OF NUISANCES ABATED.

Division			1965
Central	...	...	18,509
Northern	...	...	13,139
Eastern	...	...	12,066
South-Eastern	...	...	4,482
South-Western	...	...	10,487
City	...	...	<u>58,683</u>

Statutory action is always necessary to abate certain nuisance, and this involves proceedings in the Sheriff Court. During the current year the numbers of occasions when this was found necessary increased to 275 compared with 122 in 1964.

TABLE IV.

TABLE SHOWING DETAILS OF COURT PROCEEDINGS
IN TERMS OF PUBLIC HEALTH (SCOTLAND) ACT, 1897.

Division	Number of Nuisances Submitted to Sheriff Court	Number Decided in Favour of Pursuer	Number Unsuccessful	Number Continued	Costs			Expenses			
					£	s.	d.	£	s.	d.	
Central	...	130	80	—	50	3,678	0	3	124	19	0
Northern	...	47	30	—	17	713	11	5	67	4	0
Eastern	...	4	4	—	—	17	7	5	7	7	0
South-Eastern	...	7	7	—	—	351	14	7	16	18	0
South-Western	...	6	3	—	3	594	9	4	14	14	0
City	...	<u>194</u>	<u>124</u>	<u>—</u>	<u>70</u>	<u>5,355</u>	<u>3</u>	<u>0</u>	<u>231</u>	<u>2</u>	<u>0</u>

The Glasgow Corporation Order Confirmation Act, 1959.—Emergency Procedure for choked drains, Etc.—In 1964 a total of 19,417 choked drains or w.c.'s were noted, and in 1965 the comparable figure was 18,898. The emergency procedure has proved to be extremely useful, and an average time factor of six or seven days is involved from discovery of the chokage by the Inspector and actual clearance. This is an improvement over the pre-1959 position but nevertheless is not enough.

TABLE V.

TABLE SHOWING ACTION TAKEN UNDER
THE GLASGOW CORPORATION ORDER CONFIRMATION ACT, 1959.

Division	Number of Notices Issued	Cleared by Owner within Statutory Period		Cleared by Corporation	
		No.	Percentage	No.	Percentage
Central	3,252	2,816	86.3	436	13.7
Northern	5,129	4,767	92.9	362	7.1
Eastern	5,085	4,788	94.2	297	5.8
South-Eastern	1,977	1,771	89.0	206	11.0
South-Western	3,455	3,358	97.2	97	2.8
City	18,898	17,500	92.6	1,398	7.4

The Food Hygiene (Scotland) Regulations, 1959-61.—The five Divisions are responsible for the administration of the Regulations in approximately 50 per cent. of the food premises in the City. There are 4,325 premises recorded and during the current year only 1,518 were inspected. This is unsatisfactory and represents each of the premises being inspected once in four years.

TABLE VI.

TABLE SHOWING INSPECTIONS MADE UNDER
THE FOOD HYGIENE (SCOTLAND) REGULATIONS, 1959-1961.

Division	No. of Premises in Division	No. of Premises Inspected	No. of Visits
Central	1,074	399	611
North	792	265	2,954
East	979	45	65
South-East	710	229	699
South-West	680	580	1,059
City	4,235	1,518	5,388

Prevention of Damage by Pests Act, 1949.—The presence of rats, whether in business premises or in the home, gives rise to great concern in the community and in consequence complaints of rats have to receive attention with speed and urgency. There is no doubt that complaints reaching the Department assist in the location of infestation. During the year the number of premises which were treated for rat infestation increased from 3,816 in 1964 to 4,286 in 1965. The principal increases occurred in the Central and Northern Divisions, both of which are situated on the periphery of a known Warfarin resistant area affecting a large part of adjoining Counties. The two Divisional Sanitary Inspectors concerned are fully conversant with the situation.

The high number of infestations over the City as a whole is unsatisfactory and there is no doubt whatsoever that the general public could be of great assistance if they would take greater care in depositing refuse in the bins provided. Even the practice of throwing out scraps for the birds can be a source of food for the rat. The general storage of refuse in many properties is also unsatisfactory and over large areas of the City full and overflowing bins provide a food supply in such quantities that a considerable rat population is sustained.

TABLE VII.

TABLE SHOWING NUMBER OF PREMISES FOUND
TO BE INFESTED BY RATS AND/OR MICE.

Division	Number of Premises Treated
Central	1,320
Northern	1,173
Eastern	718
South-Eastern	652
South-Western	412
City	<u>4,275</u>

The Housing (Scotland) Acts, 1950-64.—There was a slight increase in the number of houses demolished or closed during the year, i.e. 1964—4,314 ; 1965—4,618. While progress is being made, nevertheless when the total number of unsatisfactory houses in the City is taken into account, it would appear that an acceleration is necessary.

TABLE VIII.

DETAILS OF HOUSES DEALT WITH DURING 1965 UNDER HOUSING ACT
BY DEAN OF GUILD ACTION OR BY PRIVATE CLOSURE OR DEMOLITION.

Division	Closing Order or Demolition Order under Housing Act	Dealt with under Dean of Guild Procedure	Private Closures or Demolitions	Corporation Houses, Closures or Demolitions	Total
Central	472	60	2	433	967
Northern	401	135	2	324	862
Eastern	461	54	8	28	551
South-Eastern	303	59	1	896	1,259
South-Western	442	226	206	105	979
City	<u>2,079</u>	<u>534</u>	<u>219</u>	<u>1,786</u>	<u>4,618</u>

Abandoned Properties.—There was a slight increase in the total number of houses abandoned during the year from 1,025 to 1,145. This increase occurred mainly in the Northern Division.

TABLE IX.

NUMBER OF PROPERTIES AND HOUSES RECORDED AS
ABANDONED AS AT DECEMBER, 1965.

Division ...	Number of Properties	Number of Houses
Central	11	130
Northern	32	375
Eastern	36	423
South-Eastern	9	101
South-Western	13	116
City	<u>101</u>	<u>1,145</u>

The Factories Act, 1961.—The duties of the Local Authority imposed by this Act are mainly the inspection and control of sanitary accommodation. Difficulty is now being experienced since the Offices, Shops and Railways Premises Act, 1963, became operative. The standards for the two Acts are different ; for example, office staff must have sanitary accommodation in the ratio of one w.c. per 15 employees, whereas factory employees have a lower standard of one w.c. per 25 employees. In the five Divisions there are 3,686 premises registered as factories and during the current year only 2,893 were inspected, whilst in the previous year, 1964, 3,146 were inspected.

TABLE X.

TABLE SHOWING INSPECTIONS CARRIED OUT
UNDER THE FACTORIES ACT, 1961.

Division	No. of Premises Registered as at 31.12.63			No. of Premises Inspected during Year			No. of Visits		
	Mech.	Non- Mech.	Total	Mech.	Non- Mech.	Total	Mech.	Non- Mech.	Total
Central	1,256	67	1,323	1,086	60	1,146	1,086	60	1,146
Northern	527	12	539	421	11	432	1,061	68	1,129
Eastern	659	79	738	421	51	472	959	53	1,012
South-Eastern	504	81	585	254	110	364	665	184	849
South-Western	464	37	501	447	37	479	618	39	657
City	<u>3,410</u>	<u>276</u>	<u>3,686</u>	<u>2,629</u>	<u>269</u>	<u>2,893</u>	<u>4,389</u>	<u>404</u>	<u>4,793</u>

The Glasgow Corporation (General Powers) Order Confirmation Acts, 1960-62.—Many complaints are received, on the one hand from occupiers that closes are dirty and on the other hand from owners (mainly owner-occupiers) to the effect that they have been insulted by the service of notice. There is no doubt that most occupiers are dissatisfied with the existing standard and wish for as high a standard as possible because

of the effect which clean close walls have upon the amenity of a tenement building. Unfortunately during the current year the number of closes limewashed fell from 4,263 in 1964 to 2,977 in 1965.

TABLE XI.

TABLE SHOWING NUMBER OF CLOSES LIME-WASHED OR PAINTED.

Division		As a Result of Notice	Voluntary by Owners	Total
Central		763	67	830
Northern		370	269	639
Eastern		330	188	518
South-Eastern ...		129	15	144
South-Western ...		543	303	846
Total		<u>2,135</u>	<u>842</u>	<u>2,977</u>

Aged and Infirm Persons.—The relevant statistics regarding this work are shown in the table below. It will be observed that while fewer are registered with the Department an increase has taken place in the number of houses cleaned and in washings done on compassionate grounds.

TABLE XII.

TABLE SHOWING ACTION TAKEN WITH REGARD
TO AGED AND INFIRM PERSONS.

Division	Males	Females	Total	Houses Cleaned	Compas- sionate Washings
Central	751	1,457	2,208	58	950
Northern	707	1,430	2,137	29	1,032
Eastern	468	1,046	1,514	77	730
South-Eastern ...	562	1,099	1,661	68	217
South-Western ...	556	638	1,194	124	340
Total	<u>3,044</u>	<u>5,670</u>	<u>8,714</u>	<u>356</u>	<u>3,269</u>

The Glasgow Corporation Consolidation (General Powers) Order Confirmation Acts, 1960-1962—Farmed Out Houses.—In Glasgow it has been thought expedient to utilise the Glasgow Corporation Consolidation (General Powers) Order Confirmation Acts, 1960-62, and the Byelaws made thereunder, which specify standards for waterclosets, sinks, cooking arrangements, etc. Some progress has been made during the year towards registering the worst of these houses, but progress is slow. At the end of the current year 31 premises were registered, while during the year 22 were submitted to the Corporation additional to last year's

figure of 13. The difference is accounted for by the fact that after Declaration several premises ceased to be used as Farmed-Out Houses. The table below illustrates the present position.

TABLE XIII.

GLASGOW CORPORATION CONSOLIDATION (GENERAL POWERS) ORDER
CONFIRMATION ACT, 1960.

Division	No. of Declared Farmed-out during year ended 31.12.65	No. of Farmed- out houses Regd. during year ended 31.12.65	No. of Farmed- out Houses deleted during year ended 31.12.65	Total No. on Register as at 1.12.65
Central ...	—	—	—	—
Northern	3	3	—	6
Eastern ...	15	7	—	17
South-Eastern	33	12	4	8
South-Western	—	—	—	—
Total ...	<u>51</u>	<u>22</u>	<u>4</u>	<u>31</u>

THE NOISE ABATEMENT ACT, 1960.

This Act was introduced in 1960 and the duty of enforcement of its main provisions was placed upon the Local Authorities. Since that time an average of 26 complaints per annum have been received in the Department. Some of these complaints, mainly when related to building operations, especially when night-shift working is in operation, are of a serious nature but have usually been resolved by informal action. The remainder of the complaints are either of a trivial nature or are caused by statutory undertakings who are exempted from the provisions of the Act. The most common complaint is from occupiers of office premises in the City Centre regarding noise created by pneumatic drills, almost all of which are being operated by statutory undertakings including the Corporation.

COMMON LODGING HOUSES.

Another lodging house, i.e., Pitt Street, was closed during the year as it was included in the Anderston Comprehensive Development Area. This leaves nine Common Lodging Houses and one Seamen's Boarding House in the City.

RAG, FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

One application for registration under the above Act was received and granted during the year. Ten firms, whose premises had been closed down, were removed from the register. The total number of premises registered at the end of 1965 was 61 compared to 70 in 1964.

The number of licences held by firms who manufacture or store rag flock on their premises remained at ten.

Division				Registered Premises	Licensed Premises
Central	...	...	...	14	2
Northern	...	...	...	7	1
Eastern	...	...	...	17	3
South-Eastern	...	...	...	14	4
South-Western	...	...	...	9	—
				—	—
				61	10
				==	==

DISINFECTING SECTION.

This section carries out the disinfection of premises, clothing, books, etc., following the removal to hospital or the granting of a clearance certificate in home cases of infectious disease. It also serves the public by lending equipment and supplying materials so that the tenants themselves may do cleaning, whitewashing or distempering.

Disinfection of Premises, Etc.—The table shows the number of premises and books dealt with on account of infectious disease :—

Houses, etc., disinfected	...	...	...	4,751
Library and school books disinfected	...	...	...	664

The amount of materials used for these purposes and also issued to the public is shown below :—

Formaldehyde, 40 per cent.	...	...	...	33 gallons
Naphthalene Powder	...	...	...	655 lbs.
Disinfectant (Crude)	...	...	...	26 gallons
Whiting	...	...	...	295 lbs.
Colour (Dry)	...	...	...	67 lbs.
Brushes Loaned	...	...	...	5

In addition to the above work, 205,431 articles of second-hand clothing were disinfected before export to other countries.

During the year the section also undertook on behalf of the Food and Dairies Section the stencilling of the " Approved for Food " sign on 899 vehicles.

Disinfection of Second-hand Clothing.—A further decrease was evident in the number of consignments of Second-hand Clothing which were disinfected by Formalin and Naphthalene or by steam process during 1965.

Exports to Africa, etc., were down to a minimum and consignments for Eire were also fewer in number.

Four hundred and seventy-one consignments were dealt with during the year and the revenue from the issue of disinfection certificates amounted to £403 8s., compared to £486 15s. 2d., during the previous year.

FACTORIES ACTS, 1937 to 1959.

ANNUAL REPORT† OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1965 FOR THE CITY OF GLASGOW IN THE COUNTY OF LANARK.

Prescribed Particulars on the Administration of the Factories Act, 1937.

PART I OF THE ACT.

1.—INSPECTIONS for the purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	276	398	17	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities	3,271	3,997	384	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	139	209	1	—
	<u>3,686</u>	<u>4,604</u>	<u>402</u>	<u>—</u>

†This table is enclosed at the request of the Minister of Labour to indicate to Medical Officers of Health the prescribed particulars required by Section 128(3) of the Factories Act, 1937, to be furnished in their Annual reports or with respect to matters under Parts I and VIII of that Act administered by the County or Town Council. It is not intended to supersede the fuller statement which is desirable in the text of the Report but should be attached as an annex.

2.—Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Number of cases in which defects were found

Particulars	Number of cases in which defects were found		Referred		Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	41	39	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	3	1	—	2	—
Inadequate ventilation (S.4) ...	1	—	—	—	—
Ineffective drainage of floors (S.6) ...	3	3	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	42	31	—	5	—
(b) Unsuitable or defective ...	751	535	—	26	—
(c) Not separate for sexes ...	142	36	—	1	—
Other offences against the Act (not including offences relating to Out-work) ...	319	209	1	7	—
Total ...	1,302	854	1	42	—

PART VIII OF THE ACT.

OUTWORK.

(Sections 110 and 111).

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel— Making, etc., Cleaning and Washing ...	15	—	—	—	—	—
Household linen...	—	—	—	—	—	—
Other ...	—	—	—	—	—	—
Total ...	15	—	—	—	—	—

SECTION XVII

OCCUPATIONAL HEALTH.

The Occupational Health Section is responsible for medical examinations of employees of all Corporation Departments except Fire, Police and Transport, which have their own medical officers.

Medical examinations—Entrance, Sick Pay, Superannuation and Retiral—were carried out as in previous years. Three thousand, five hundred and six persons were examined for the first time and 727 were examined for the second or subsequent occasion. Table I shows how these examinations were distributed by Scheme and Department.

Six hundred and seventy (19 per cent.) of 3,504 persons examined for the first time for Entrance, Sick Pay or Superannuation purposes were found to be unfit because of the conditions shown in Table II. Seven hundred and twenty-seven persons who had been found unfit at previous medical examinations were re-examined and of these 278 (38·2 per cent.) were again found to be unfit. Thirty-four persons in this group were classified as permanently unfit for acceptance into the schemes.

The commonest causes of unfitness in males were dental caries, hypertension, glycosuria requiring investigation, varicose veins, obesity, hernia and cardiac disease. The commonest cause of unfitness in females was obesity, often associated with hypertension.

A considerable number of employees found unfit on account of tuberculosis and other radiological chest lesions, albuminuria, glycosuria and dental caries are likely to be found fit at a later date after investigation and treatment have been carried out.

Chest X-ray examination is carried out at the Department's X-ray Unit when each employee is medically examined for the first time, and also on subsequent occasions if required. Miniature X-ray films are used routinely, but if a suspicious lesion is detected the person concerned is recalled for a large X-ray film to be taken. During the year, two new cases of active pulmonary tuberculosis were discovered. A number of other persons are under observation at chest clinics as a result of their X-ray examination.

The Occupational Health Section is also consulted by Corporation Departments for advice on working conditions and on the degree of physical fitness required for certain occupations.

TABLE I.

MEDICAL EXAMINATIONS CARRIED OUT AT 20 COCHRANE STREET
DURING YEAR ENDED 31ST DECEMBER, 1965.

Department	Entrance		Sick Pay		Super-annuation		Retiral		Special		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Airport	4	—	—	—	1	—	—	—	—	—	5	—
Architectural and Planning	39	5	—	—	6	6	—	—	1	—	46	11
Baths	—	—	6	2	33	19	1	1	1	—	41	22
Children's	5	9	—	1	1	28	—	—	—	—	6	38
City Analyst	1	—	—	—	—	1	—	—	—	—	1	1
City Assessor	5	3	7	2	2	18	—	—	—	—	14	23
City Chamberlain	29	24	1	2	18	29	—	1	—	1	48	57
City Factor	18	5	2	7	19	4	—	—	—	—	39	16
Civil Defence	1	2	—	—	—	—	—	—	—	—	1	2
Cleansing	7	—	68	5	274	2	4	—	1	—	354	7
Curator	—	—	—	2	7	13	1	1	—	—	8	16
Education	80	82	44	482	95	213	3	17	1	4	223	798
Estates	3	10	—	1	1	4	—	—	—	—	4	15
Halls	—	—	—	—	4	—	—	—	—	—	4	—
Health & Welfare	18	9	—	282	32	57	2	2	1	—	53	350
Highways	—	—	5	—	75	—	—	—	—	—	80	—
Housing and Works... ..	23	3	108	2	355	—	5	—	2	—	493	5
Information Bureau... ..	1	—	—	—	—	—	—	—	—	—	1	—
Libraries	16	61	2	19	10	33	—	—	1	3	29	116
Lighting	33	2	—	—	52	—	3	—	4	—	92	2
Markets	1	—	1	—	14	1	1	—	—	—	17	1
Museums and Art Galleries	15	7	1	1	5	4	—	—	—	—	21	12
Office of Public Works	4	—	—	—	3	3	—	—	3	—	10	3
Parks	2	2	44	—	122	—	2	—	1	—	171	2
Printing	1	4	12	3	13	10	—	—	—	—	26	17
Police	—	1	—	—	—	1	—	—	—	—	—	2
Probation	9	8	—	1	—	3	—	—	—	—	9	12
Procurator-Fiscal	—	2	—	—	1	1	—	—	—	—	1	3
Registration of Births, etc.	—	—	—	—	—	1	—	—	—	—	—	1
Establishments	—	5	—	2	—	—	—	—	—	—	—	7
Veterinary Surgeon	1	—	—	—	—	—	—	—	—	—	1	—
Water... ..	3	—	13	—	40	—	—	—	—	—	56	—
Weights and Measures	—	—	—	—	2	—	1	—	2	—	5	—
Sewage	—	—	1	—	15	—	—	—	4	—	20	—
Staff Canteen	—	—	—	14	—	—	—	—	—	—	—	14
Town Clerk	6	8	—	1	2	4	—	—	1	—	9	13
Kelvin Hall	—	—	1	—	1	1	—	—	—	—	2	1
Luncheon	—	—	—	—	—	1	—	—	—	—	—	1
Blind Asylum	—	—	—	—	1	—	—	—	—	—	1	—
Scottish Society for Mentally Handicap- ped Children	—	—	—	—	2	2	—	—	—	—	2	2
Other Local Authorities	—	—	—	—	—	1*	—	—	30	12	30	13
	325	252	316	829	1,206	460	23	22	53	20	1,923	1,583

* Staff of Notre Dame College.

Total No. of Examinations : Male 1,923
Female 1,583

Re-examinations—all Departments

Grand Total

3,506

727

4,233

TABLE II.

ENTRANCE, SICK PAY, SUPERANNUATION AND
SPECIAL MEDICAL EXAMINATIONS.CLINICAL CONDITIONS FOUND IN PERSONS EXAMINED FOR THE
FIRST TIME WHICH CAUSED THEM TO BE FOUND UNFIT.

	Male	Female
Pulmonary Tuberculosis—active, newly discovered ...	2	—
Pulmonary Tuberculosis—active, previously known ...	8	1
Other Radiological Chest Lesions requiring investigation	14	7
Non-Pulmonary Tuberculosis	9	2
Chronic Bronchitis and Bronchiectasis... ..	12	9
Cardiac Disease	25	7
Hypertension	48	37
Varicose Veins	27	17
Hernia	26	—
Indigestion requiring investigation and Peptic Ulcer	8	4
Ear Disease	15	2
Genito-Urinary Disease (Non-Tuberculous)	8	2
Arthritis and Rheumatism	1	1
Organic Nervous Disease	—	1
Mental Illness	5	1
Glycosuria requiring investigation	46	9
Albuminuria requiring investigation	26	15
Skin Disease	3	4
Endocrine Disease	—	1
Obesity	27	133
Epilepsy	4	—
Pyorrhoea and Dental Caries	59	7
Defective Vision	4	2
Other Conditions	16	15
Total ...	<u>393</u>	<u>277</u>

Forty-five persons were examined with a view to premature retirement on health grounds. Five of these examinations were carried out at the employee's home. In three cases there were insufficient grounds to recommend retiral. The conditions causing premature retiral are shown in Table III. The commonest conditions causing premature retiral in employees previously found fit were chronic bronchitis and cardio-vascular disorders—hypertension, angina pectoris and arteriosclerosis.

TABLE III.

RETIRAL MEDICAL EXAMINATIONS.

CLINICAL CONDITIONS CAUSING PREMATURE RETIREMENT.

	Male	Female
Chronic Bronchitis	7	3
Hypertension	—	4
Angina Pectoris	1	4
Arteriosclerosis	3	—
Coronary Thrombosis	1	—
Diabetes with Complications	1	—
Carcinoma (1) Intestinal	1	1
(2) Pulmonary	—	1
(3) Mediastinum	1	—
Chronic Nephritis	1	—
Cerebral Thrombosis	1	—
Parkinson's Disease	2	—
Glaucoma	—	1
Bilateral Cataract	—	1
Varicose Ulcer	—	1
Osteo-Arthritis	—	1
Chronic Spinal Lesion	—	1
Anxiety Neurosis	—	1
Post-Operative Debility	1	1
Post Fracture Left Arm	1	—
Chronic Back Strain	—	1
	—	—
	21	21
	—	—
		42
		==

The total number of persons examined during 1965 was 4,233 compared to 4,687 examined during 1964—a decrease of 9·7 per cent.

SECTION XVIII

WELFARE SERVICES.

RESIDENTIAL ACCOMMODATION.

During the year the fourth purpose-built Home, Glenwood Lodge, 160 Castlemilk Drive, Glasgow, S.5. was opened with accommodation for 42 residents of the Frail Ambulant category. In September, the rewiring of Frogna, our holiday home, was started and, at the same time, structural alterations were begun to increase the bed capacity. Available residential accommodation at 31st December, 1965, was as under :—

		No. of beds
Foresthall, 657 Edgefauld Road ...	(1,287 beds, of which 640 are at the disposal of the Western Regional Hospital Board) ...	647
Crookston, 837 Crookston Road ...	Wards ... 342 Annexe ... 14 Cottages ... 136	
	—	492
<i>Small Homes—</i>		
	Opened on	
Woodburn, 10 Cleveden Gardens ...	16th April, 1948 ...	
Extension to Woodburn ...	28th June, 1962 ...	41
Tayford, 33 Newark Drive ...	24th June, 1950	24
Stoneleigh, 48 Cleveden Drive ...	1st November, 1951	24
Redhills, 42 Sherbrooke Avenue ...	18th March, 1952	19
Woodmailing, 39 Sherbrooke Avenue ...	18th April, 1952 ...	20
Ailsa, 13-15 Turnberry Road ...	9th October, 1952	26
Burnbank, 20-26 Burnbank Terrace ...	22nd April, 1953	50
Scott House, 56 Langside Drive ...	19th May, 1953 ...	
Extension to Scott House ...	26th April, 1955 ...	39
Huntly Lodge, 33-34 Huntly Gardens ...	6th October, 1953	36
Fairfield, 53-55 Sherbrooke Avenue ...	12th January, 1954	22
Macarthur House, 15 St. John's Road ...	1st June, 1954 ...	14
Ravelston, 994 Great Western Road ...	17th October, 1956	36
Roberton, 1 Lancaster Crescent ...	21st May, 1957 ...	17
Merrylee Lodge, 55 Muirsketh Road ...	14th November, 1957	40
Knowehead, 372 Albert Drive ...	12th December, 1957	38
Mainsholm, 2 Kirklee Gardens ...	13th March, 1958	
Extension to Mainsholm ...	4th June, 1965 ...	50
Windlaw, 340 Ardenraig Road ...	22nd April, 1958	40
Davislea, 100 Mallaig Road ...	18th October, 1962	60
Glenwood Lodge, 160 Castlemilk Drive ...	3rd June, 1965	42
		—638
<i>Holiday Home—</i>		
Frogna, Southwood, Troon ...	5th September, 1957	30
		1,807

Foresthall.—On 31st December, 1965, there were 500 residents in Foresthall and 527 in the Hospital Wards, a total of 1,027. Total admissions during the year numbered 1,156, of whom 640 were admitted to hospital wards and the remaining 516 to residential accommodation.

The average age on admission was 66·62 years for men and 70·37 years for women. There were 726 discharges and 413 deaths, the average age at death being 76·03 for men and 76·79 for women. The age groups in residential accommodation in Foresthall were as detailed hereunder:—

	Male	Female	Total.
Under 60 years	65	42	107
60-65 years	38	20	58
66-70 years	36	23	59
71-75 years	48	46	94
76-80 years	41	45	86
81-85 years	30	35	65
86-90 years	10	12	22
91-95 years	4	5	9
	272	228	500
	272	228	500

Of the 107 under 60, the majority were within the category of disabled or handicapped.

During the year 148 persons were transferred from residential accommodation to the hospital section and 77 were discharged from the hospital section to residential accommodation.

During the winter months, the concerts provided by voluntary concert parties and the Foresthall staff concert party were well attended and in the summer months a great deal of interest is taken by the residents in the football matches between the Home staff and other teams.

Crookston.—The greater proportion of residents in Crookston are of the frail ambulant class, a 24-hour nursing staff being available. There were 147 admissions to the Main Home, many of whom were admitted direct from hospital after treatment being considered to be unfit to return to their former residence. There were 96 deaths in the Home, one less than in 1964, and 31 less than in 1963. During the year 16 persons were admitted to the Cottages and seven were discharged. Of the 338 persons resident in the Main Home at the end of the year, 27 were registered blind persons, 12 were confined to wheelchairs and 37 were ambulant only with the aid of Zimmer walking aids.

An analysis of the age grouping of residents in Crookston shows that 76 per cent. were between 76 and 90 years of age, 90·7 per cent. were over 71 years of age and 55·8 per cent. were over 81 years of age.

The Cottages continue to provide for those who, although not fit to manage their own homes, need the minimum of care.

The increasing number of frail residents is indicated by the drop in the number of players on the bowling green who are now greatly outnumbered by the spectators. The installation of the new laundry equipment, started in 1964, was completed and has increased the capacity to the extent that all the Home's laundry is done on the premises, none being sent out. New equipment was also installed in the kitchen increasing the efficiency there.

Frognal.—The Department's Holiday Home near Troon was again fully occupied but the programme had to be curtailed because of rewiring and alterations. Once more, however, we were able to fit in a holiday for the blind, deaf and dumb and other handicapped persons, as well as being able to assist another Local Authority, whose sole residential Home required renovation, the residents of this Home being housed in Frognal while the work was undertaken.

Local organisations in Troon must once more be thanked for the interest they have taken in the Home, with particular mention being made of the Troon Rotary Club who once again provided concerts and transport to outside entertainments.

The putting green and outdoor draughtsboard were greatly appreciated by the guests.

SMALL HOMES.

The 19 Small Homes in the City were fully occupied during the year. Details of admissions and discharges are shown on Table I on page 389. From this table it will be noticed that approximately one third of the new residents were admitted direct from hospital and two thirds came from their own homes, care of relatives or from lodgings. Of the 176 persons transferred to hospital, 79 were re-admitted. The proportion of those admitted direct from hospital to the Homes provided for the frail ambulant is, of course, higher than the general average due to the facilities for extra care and a 24-hour nursing service, enabling these Homes to provide for a much frailer type of resident. The installation of lifts in the Homes which have been extended has, however, increased the accommodation for persons who otherwise could only have managed a ground-floor room.

The Department's thanks are again due to Professor Ferguson Anderson, Consultant in Diseases of the Aged in Glasgow and the

West of Scotland, and his team of physicians in the hospital Geriatric Units who have been so helpful with emergencies arising among the aged in our Eventide Homes.

WELFARE SERVICES FOR THE HANDICAPPED.

Four domiciliary occupational therapists and two occupational assistants were employed during the year, visiting homebound handicapped persons known to the Department to assess their need for aids to increase their independence and to improve their morale. On their visiting list at the end of the year were 617 persons in the following classifications :—

Rheumatoid arthritis	...	...	...	122
Multiple sclerosis	...	...	...	104
Hemiplegias	...	...	...	65
Amputees	...	...	...	51
Osteo arthritis	...	...	...	45
Various neurological disorders	...	...	...	39
Paraplegias	...	...	...	26
Muscular dystrophy	...	...	...	21
Poliomyelitis	...	...	...	21
Cardiac conditions	...	...	...	16
Partially sighted	...	...	...	14
Cerebral palsy	...	...	...	13
Fractures	...	...	...	10
Parkinsonian	...	...	...	9
Chest conditions	...	...	...	8
Orthopaedic deformities	...	...	...	4
Tuberculosis	...	...	...	2
Miscellaneous	...	...	...	47

This shows an increase of 175 patients over the previous year.

The majority of these patients are given instruction in, and provided with craftwork, while the aids supplied to give greater independence show great variety, ranging from handrails at steps, ramps over steps to enable persons in wheelchairs to get out unaided, pavement crossovers for vehicles, toilet aids and bathroom adaptations and fitments, to items specially designed to meet individual requirements as recommended by the occupational therapist.

The latter items are made for the Department by a severely disabled man who is employed as an assistant to the occupational therapists. In his work he is assisted by the mentally handicapped boys employed at the Senior Occupation Centre.

Structural alterations to houses to increase the independence of the handicapped are supplied by the Health and Welfare Department through the Housing and Works Department's tradesmen and during the year alterations were carried out in 78 houses at a cost of £1,622.

If extensive alterations are required, or if the patient has a progressive disability, re-housing with the co-operation of the City Factor, to a more suitable house is considered. This can, of course, present difficulties—a house could be listed as a ground floor house while it might be necessary to negotiate a flight of steps from the main street, and, while the multi-storey flats do have adequate lifts, it is sometimes difficult for a severely handicapped person to negotiate the doors of these lifts. It is encouraging to see how many of the severely handicapped can, with help, take their place in society and one boy, who had a long history of being unable to fit into even residential employment, now has a very good home business, and as his headed note-paper states, he is a "Fly-maker to the trade".

Outwork has continued as last year with ledger work still being supplied from one of the heavy industries in the Glasgow area, and the sewing machines, looms and knitting machines supplied by the Department to the homebound are constantly in use.

The resettlement clinics in hospitals in the City, where the handicapped person is interviewed by a team composed of a medical practitioner experienced in resettlement of the disabled, a medical social worker and a member of this Department's staff, have provided early ascertainment of problems affecting many of the handicapped. Ascertainment has also been improved by the issuing of a circular to persons attending the Limb Fitting and Appliance Centre at Belvidere Hospital, instructing them how to obtain this Department's services.

The After Care Section continues to follow up the leavers from junior occupation centres and special schools for the handicapped by home visitation. Home visits by this section during the year totalled 3,274, school visits, 49, office interviews 131, and at 31st December, 1965, the number on the live register was 1,843. The school visits are of particular value as the After Care Officer can then establish a relationship with the pupil and the parents.

There was a decided improvement in the employment situation this year and the outlook for the educationally sub-normal school leavers was much brighter. For those who were fit, jobs were quite plentiful and, in fact, many were able to move from dead-end jobs to employment which offered better incentives and prospects.

It was also quite a good year for the physically handicapped and many enrolled at the Colleges for Further Education and Training and are making good progress in their studies. Many others, who had minor disabilities, were placed in open employment. The evening classes for former special school pupils and the evening clubs at the junior occupational centres are well attended and thoroughly enjoyed by all the participants.

The social clubs for handicapped persons continued to meet three afternoons weekly in Laurieston House and during the year 75 persons attended these clubs. Specialised transport was provided for 46 of those availing themselves of the club facilities and the average weekly attendance was 46. Craft instruction is given by one of the Department's handcraft instructors to 27 members who have shown a desire for this form of recreation. The remainder appear to be happy to have a chat or play draughts, dominoes or cards. The major factor in the improved outlook of many handicapped persons soon after attending the club would appear to be the fact that they enjoy meeting persons as badly handicapped as themselves and discussing how they overcome their difficulties. One of the Department's chiropodists gives treatment as and when required and a Senior Welfare Officer is in attendance to deal with the varied day-to-day problems of the individual.

The club's annual social evening was held in January in Laurieston House and over 60 handicapped persons thoroughly enjoyed a high tea followed by a concert provided by artistes who voluntarily gave their services. A theatre outing was also arranged during the year. A number of club members had a fortnight's holiday at Frognauld while those who were unable to participate were taken on picnic runs to Balloch, Loch Lomondside and Helensburgh. These outings gave unbounded satisfaction to individuals who are seldom able to travel beyond their own doorstep.

At 31st December, 1965, there were 2,049 blind persons ordinarily resident in the City. Of these 865 were male and 1,184 female. Of the total register 1,412 (68.9 per cent.) were over 60 years of age. During the year, 558 persons were examined at the Regional Blind

Clinic, or at home and 227 were certified Blind ; 236 partially sighted and 61 not blind. There were 48 children under 16 and 227 blind persons in employment—149 of these under sheltered conditions. Eleven were undergoing training, and 14 classified as trainable. In 1965, 191 blind persons died, 36 left the area and seven were decertified.

The 10 home teachers have an average case load of 190 blind persons, and 18 partially sighted persons, the latter being mainly under 65 years of age. The partially sighted over 65 years of age are visited by the General Welfare Officers. The regular visiting of the blind in their own homes forms the basis of the work ensuring that any genuine need will be dealt with and that no condition of neglect will remain uncovered. Eight thousand one hundred and twenty-four visits were made to blind persons in their own homes and 725 to partially sighted, a further 1,184 calls being made to various agencies on behalf of blind persons. 312 home visits were paid to give Braille tuition and 77 to teach Moon Type Reading, while 108 handcraft lessons were given at home.

The handcraft class for the blind continues to meet in Laurieston House each Monday afternoon from October to March, the average attendance being 25. The crafts taught are mainly stool seating, basketry and link mats. There are five social clubs for women and five recreation clubs for men in the various districts of the City and over 240 blind people attend these weekly. These clubs exchange visits with similar clubs from the adjacent counties and conclude their season with an annual outing to the coast. This season a new club was opened in Langside Halls, while the Central Club moved from John Street to Woodside Halls. The new centres are proving popular. Weekly meetings are held for some 20 deaf-blind in Laurieston House and transport is provided. In June, an annual outing to Troon is arranged for these people together with the deaf-blind from the Royal Glasgow Workshops. During the winter, monthly socials are held in Bridgeton Public Hall, Govan Town Hall and St. Vincent Masonic Hall, Haugh Road. One evening in each area was given over to a dance, which on each occasion proved highly successful, while attendances at concerts, with sighted guides, ranged from 150 to 200. Other evening activities are the Chess Club, the Swimming Club and Discussion Groups. Holidays were arranged for over 200 blind persons at the Department's Holiday Home at Troon and through the Society for the Blind and other Agencies. Bowling and Skittles are held in the public parks and members from the bowling sections compete in regional and national competitions for the blind. During the months

June to September the Department arranged outings by bus to parks in or near the City and this year outings were arranged to Linn Park, Eaglesham, Cathkin Braes, Calderpark Zoo, Rouken Glen, Milngavie Water Works, Hogganfield Loch and Balloch Park. Attendances number from 120 to 220 at these outings. During the summer months a cookery class for blind women was arranged in the evenings at the Homecraft Centre, Renfrew Street.

Talking Book machines are becoming increasingly popular and the Department has now supplied machines to 392 blind persons. Many more have rented machines on their own account. The Department arranged through the Society for the Blind for the issue of 135 radios from the "Wireless for the Blind Fund" and the repair of 221 sets, the transport provided by the Department making over 677 calls. During the year 162 transport passes were issued to new cases, while annual renewals in December amounted to 1,424. Privilege tickets for reduced cost of travel on S.M.T. buses were supplied to 135 new cases and the annual renewals amounted to 1,177. Certificates of blindness were issued in connection with 260 free radio licences and certificates were also given for income tax purposes, increased rates of National Assistance, special provision for voting and reduced cost of travel on British Rail and certain airlines. Chiropody treatments numbering 363 were given by the Department's Chiropodist to blind persons. Receipts from the sale of handcraft material and special apparatus for the blind amounted to £634 5s.

The Department continues to work in close co-operation with the Mission to the Adult Deaf and Dumb for Glasgow and the West of Scotland who have their own club premises at the Royal Institute in West Regent Street and the St. Vincent's After Care Society for the Deaf. These organisations act as agents of the Department dealing with persons suffering from the severe handicap of deafness, the Department contributing towards the cost of the various services. During the year the Royal Institute of the Mission to the Adult Deaf and Dumb at 158 West Regent Street, Glasgow, was modernised at a cost of £13,500, to which the Health and Welfare Committee contributed £8,500. The reconstructed premises were opened on 4th December, 1965, by the Right Hon. The Lord Provost, John Johnston, Esq. The Mission to the Adult Deaf and Dumb have a home for Aged Deaf situated in Bearsden and the payments made by Glasgow residents admitted there are supplemented by this Department.

Close liaison exists between the Department and the various voluntary organisations who usually limit their activities to one

particular handicap and sympathetic consideration is given to the many appeals for financial or other help from these organisations. The Department's fleet of specialised transport is continually used by these organisations and this year one of the vehicles, with a Department driver, accompanied a group of handicapped Scouts to Denmark where, with the appropriate transport available, they were able to travel farther afield and enjoyed a really good holiday.

This year saw the work on the alterations to Pollokshields Burgh Hall, where an additional Occupation Centre will be opened, nearing completion. The number of trainees at the existing Occupational Training Centres has remained fairly constant throughout the year and at 31st December, 1965, 99 boys were accommodated at South Portland Street and 60 girls at Killearn Street. The usual craftwork undertaken at the Centres has been augmented throughout the year by a considerable amount of contract work and, in addition to the more spasmodic work of rubber ring trimming and cardboard box making, an amount of permanent outwork is now being done. While the outwork has increased it is satisfactory to note that the Annual Sale of Craftwork held in conjunction with the domiciliary occupational therapists and the Occupational Therapist at Foresthall showed an increase on the totals of previous years.

Summer outings were again enjoyed by the trainees and in the winter months they had two theatre outings and a visit at Christmas to the Kelvin Hall Circus.

GENERAL WELFARE SERVICES.

During the year the Welfare Section undertook investigations on behalf of the Education Department (721), the Home Help Section (5,717), the City Collector's Department in connection with applications for relief of rates (1,073) and the Child Welfare Section (654). Applications for admission to the Department's Eventide Homes totalled 1,084 and 22 applications for supplementation of payments in Voluntary Homes for the aged were made. At the request of the Lord Provost reports were prepared on 404 applications for assistance from charitable funds at his disposal. In all, 12,880 applications to the Section were recorded. The number of investigations of applications for hardship grants due to the extension of the Smoke Control Areas in the City again increased.

Students from the Probation Service, the University of Strathclyde, the Glasgow University School of Social Study, the Glasgow School of

Occupational Therapy and health visitor trainees were seconded to the Welfare Section during the year for part of their practical training.

The Clothing Store continues to supply the needs of residents in the Homes, boarded-out mental defectives and patients and those granted clothing by the National Assistance Board as well as meeting the requirements of the Children's Department. The value of clothing issued during 1965 was £95,107.

During 1965 the Department were notified of sixteen properties which had become dangerous and uninhabitable, 56 families being involved. Only four of these families required temporary accommodation at Foresthall but furniture of all households had to be removed from the damaged premises and stored by this Department until alternative accommodation had been made available. Once again thanks are due to the other Departments who co-operated during these emergencies, e.g., the Dean of Guild Inspectorate, the Police and Fire Services and the workers who, often at some risk, removed furniture from the damaged buildings.

This year saw considerable development in Family Case work in three of the City's large housing areas. A sub-committee of the Property Management Committee had been set up to consider the problems of non-social tenants, and it was agreed that the Health and Welfare Committee should make arrangements to provide intensive and more comprehensive social work among families who appeared to be unable to maintain proper standards of home and child care without special assistance. This type of work had been pioneered in England by the voluntary organisation known as Family Service Units. The Health and Welfare Committee agreed that the Family Service Units should be asked to provide a unit in Castlemilk, the cost to be borne by the Health and Welfare Committee. It was also agreed that the Glasgow University Queen Margaret Settlement Association, whose work in Anderston would be discontinued as a result of the redevelopment of that area, should set up, in association with the University of Glasgow School of Social Study, a similar unit in Drumchapel, the cost of three social workers being provided by grant from the Health and Welfare Committee. A third unit staffed by the Health and Welfare Department's own social workers was set up to operate in the Easterhouse area. The workers in these three units co-operate with all the social services and, among other benefits, have been able to prevent family breakdown and have also enabled many people living under considerable stress and difficulty to cope better with their own problems.

	Ailsa	Burnbank	Davislea	Fairfield	Glenwood Lodge	Huntly Lodge	Knowhead	Macarthur House	Mainsholm	Merylee Lodge	Ravelston	Redhills	Roberton	Scott House	Stoneleigh	Tayford	Windlaw	Woodburn	Woodmailing	Total
Admitted from own homes	3	10	6	5	13	4	1	2	8	2	3	—	1	2	—	1	1	4	1	67
Admitted from care of relatives	—	—	6	3	5	1	—	—	4	4	2	2	4	4	4	3	2	1	3	50
Admitted from lodgings/service rooms	—	—	—	—	3	—	—	—	3	1	1	—	1	1	3	—	—	2	—	13
Admitted from Hospital	—	10	6	1	22	—	2	—	4	1	1	—	2	1	—	—	5	4	—	59
Admitted from Convalescent, Nursing or Homes	—	3	—	—	1	—	—	—	5	1	1	—	1	—	3	1	1	—	—	15
Transferred from other Small Homes	1	4	1	3	1	—	—	—	—	—	—	1	1	—	—	—	4	—	—	17
Transferred from Frail Ambulant Homes— i.e. Crookston	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Burnbank	—	—	—	—	—	—	—	—	2	—	1	—	1	—	—	—	—	—	—	4
Davislea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glenwood Lodge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Windlaw	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Transferred from Foresthall	5	1	1	—	—	3	—	1	2	—	3	—	—	—	—	—	2	—	—	2
Re-admitted after Hospital treatment	7	6	3	2	—	11	4	1	7	3	6	4	4	5	5	2	4	1	4	79
Total Admissions	16	36	23	14	45	20	8	4	35	11	18	7	13	13	16	7	19	12	8	325
Discharged to own home or friends	3	1	2	6	—	1	—	—	2	3	1	—	2	3	2	—	1	—	1	28
Discharged to Private Rest Homes	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	4
Transferred to other Small Homes	1	4	—	—	—	1	—	—	1	—	—	—	—	1	2	—	1	1	1	13
Transferred to Frail Ambulant Homes— i.e. Crookston	3	1	—	—	—	1	—	—	—	—	—	2	—	1	1	—	—	—	1	10
Burnbank	1	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	2	1	—	6
Davislea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Glenwood Lodge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Windlaw	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	1	—	—	—	1
Transferred to Foresthall—Hospital or Frail Ambulant Unit	1	—	—	—	4	—	—	2	1	—	1	—	1	—	—	—	—	—	—	4
Transferred to Hospital	7	30	8	11	3	15	11	1	14	7	14	5	11	8	7	5	9	4	6	176
Died in the Home	—	4	12	1	1	—	2	—	1	2	1	1	1	5	2	2	5	1	—	41
Died while on holiday or outside Home	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Discharges	16	40	23	18	4	22	13	4	19	14	19	8	17	18	14	9	18	9	10	295

TABLE II.

RESIDENTIAL HOMES.

AGE GROUPS AT 31st DECEMBER, 1965.

Homes		65 and under	66/70	71/75	76/80	81/85	86/90	91/95	96/100	Total	Grand Total
Ailsa	M.	—	1	3	5	2	—	—	—	11	24
	F.	—	—	3	4	4	1	1	—	13	
Burnbank	M.	—	—	—	—	—	—	—	—	—	46
	F.	1	6	5	11	13	5	5	—	46	
Davislea	M.	1	3	2	3	3	2	2	—	16	59
	F.	—	2	3	8	19	9	1	1	43	
Fairfield	M.	1	—	1	3	2	1	—	—	8	16
	F.	—	1	—	5	1	1	—	—	8	
Glenwood Lodge	M.	—	—	—	3	5	3	1	—	12	41
	F.	1	3	5	7	5	5	3	—	29	
Huntly Lodge	M.	—	—	3	3	1	—	—	—	7	31
	F.	2	1	7	9	3	2	—	—	24	
Knoehead	M.	—	1	—	5	7	2	1	—	16	33
	F.	1	—	4	—	4	6	—	—	17	
Macarthur House	M.	—	—	—	—	—	3	—	—	3	12
	F.	—	1	1	4	3	—	—	—	9	
Mainsholm	M.	—	1	3	7	5	—	—	—	16	45
	F.	1	1	7	6	11	3	—	—	29	
Merrylee Lodge	M.	—	1	2	4	5	1	—	—	13	35
	F.	1	2	4	8	4	3	—	—	22	
Ravelston	M.	1	—	2	3	3	2	—	—	11	31
	F.	—	2	5	3	6	2	2	—	20	
Redhills	M.	—	—	2	2	1	1	1	—	7	17
	F.	—	1	1	4	2	1	1	—	10	
Roberton	M.	—	—	—	—	—	—	—	—	—	12
	F.	1	3	2	1	4	—	1	—	12	
Scott House	M.	—	—	1	2	3	1	—	—	7	35
	F.	2	3	2	6	10	3	2	—	28	
Stoneleigh	M.	—	—	1	1	2	1	—	—	5	23
	F.	—	1	3	6	4	4	—	—	18	
Tayford	M.	—	—	4	1	1	1	—	—	7	20
	F.	—	1	3	2	2	4	1	—	13	
Windlaw	M.	—	—	—	2	4	—	—	—	6	39
	F.	—	2	8	6	6	8	3	—	33	
Woodburn	M.	—	2	1	3	2	1	—	2	11	36
	F.	—	—	4	8	8	5	—	—	25	
Woodmailing	M.	—	—	1	1	1	1	1	—	5	14
	F.	—	1	1	2	4	—	1	—	9	
Crookston Main Home	M.	7	11	16	30	43	32	8	—	147	388
	F.	9	16	24	36	66	44	9	17	191	
Crookston Cottages	M.	—	5	10	7	105	134	88	—	12	430
	F.	—	—	—	32	25	8	—	—	80	
Totals	M.	10	29	64	140	255	294	170	44	3320	999
	F.	19	44	97	170	204	114	30	41	679	
All Homes Percentages of Total		2.9	6.4	14.1	25.5	29.4	17.0	4.4	0.3		
		54.9									
		86.0									

SECTION XIX

LEGISLATION.

The following Acts of Parliament, Regulations, etc., applicable to the Health and Welfare Services in Scotland came into operation during the year :—

Public Health (Notification of Births) Act, 1965, amends the enactments relating to the notification of births to Medical Officers of Health.

Registration of Births, Deaths and Marriages (Scotland) Act, 1965, makes new provision as respects the registration of births, deaths and marriages in Scotland and as respects the recording of changes of name or surname there and for purposes connected therewith.

CIRCULARS, REGULATIONS, ETC., ISSUED IN 1965.

S.I.—Statutory Instrument (the date is that of the coming into operation).

S.D.D.—Scottish Development Department.

S.E.D.—Scottish Education Department.

S.H.H.D.—Scottish Home and Health Department.

H. & W.S.—Health and Welfare Service.

FIF—Scottish Home and Health Department Circulars on Imported Food Regulations.

Accident Prevention—

1. H. & W.S. Circular 6 of 5.3.65. Authorised Testing Laboratories for the Purpose of the Children's Nightdresses Regulations, 1964.
2. H. & W.S. Memo. 22 of 28.6.65. Poisons Information Bureau.
3. H. & W.S. Memos 24 (of 5.7.65) and 36 (of 30.8.65). Prevention of Accidents in the Home. Home Safety Exhibit.

Annual Reports—

1. H. & W.S. Circular 2 of 8.1.65. Annual Reports of Medical Officers of Health and Sanitary Inspectors for 1964.

Atmospheric Pollution—

1. S.D.D. Circular 21 of 24.3.65. Alkali, etc., Works (Scotland) Order, 1965.
2. S.I. 478 (S.23) of 1.4.65. Clean Air. The Alkali Works (Scotland) Order, 1965.
3. S.I. 1284 (S.57) of 1.7.65. Smoke Control Areas (Exempted Fireplaces) (Scotland) Order, 1965.

Blind Persons—

1. H. & W.S. Memo. 33 of 23.8.65. Registration of Blind and Partially Sighted Persons.

Civil Defence—

1. C.D. (Scotland) Circular 37 of 29.10.65. Civil Defence Organisation in the Scottish Home and Health Department.

Dental Services—

1. S.I. 1675 (S.87). General Dental Services (Scotland) Amendment Regulations, 1965.
2. H. & W.S. Memo. 30 of 12.8.65. Local Authority Dental Services Statistics.
3. H. & W.S. Memo. 31 of 17.8.65. Salaries of Dental Auxiliaries.
4. H. & W.S. Memo. 34 of 17.8.65. Refresher Courses for Dental Officers.
5. H. & W.S. Memo. 36 of 27.9.65. Refresher Courses for Dental Officers.
6. H. & W.S. Memo. 38 of 20.10.65. Refresher Courses for Dental Officers.

Finance—

1. H. & W.S. Circular 18 of 16.9.65. Deferment of Expenditure on Capital Projects, etc.

Food—

1. S.I. 1007 (S.35) of 28.4.65. Food and Drugs. Composition and Labelling (Scotland). The Dried Milk (Scotland) Regulations, 1965.
2. S.I. — of 1.6.65. Agriculture (Miscellaneous Provisions) Act, 1963 (Commencement Order), 1965.
3. S.I. 1021 (S.36) of 1.6.65. Agriculture. Agricultural Produce. Grading and Marking). The Eggs (Marking and Storage) (Scotland) Regulations, 1965.

Health Education—

1. H. & W.S. Memo. 23 of 30.6.65. Smoking and Health.

Health Visiting—

1. H. & W.S. Memo. 10 of 1.7.65. Training of Health Visitors and Health Visitor Tutors.
2. H. & W.S. Memo. 11 of 9.8.65. Qualifications of Health Visitors.
3. S.I. 1490 (S.80) of 1.9.65. The National Health Service (Qualifications of Health Visitors) (Scotland) Regulations, 1965.

Housing—

1. S.D.D. Circular 9 of 27.1.65. Housing (Repairs and Rents) (Scotland) Act, 1964, and Rent Act, 1957. Return of Certificates of Disrepair.
2. S.I. 1165 (S.42) of 24.5.65. Scottish Housing Advisory Committee Order, 1965.
3. S.D.D. Circular 57 of 8.11.65. The Rent Act, 1965.
4. S.I. 1901 (S.103) of 10.11.65. Housing (Forms) (Scotland) Amendment Regulations, 1965.
5. S.I. 2042 (S.112) of 8.12.65. The Rent Regulation (Forms, etc.) (Scotland) Regulations, 1965.
6. S.I. 2043 (S.113) of 8.12.65. The Rent Book (Forms of Notice) (Scotland) Regulations, 1965.
7. S.D.D. Circular 65 of 15.12.65. Rent Act, 1965. Regulations.
8. S.D.D. Circular 71 of 29.12.65. Housing for Ex-Servicemen.

Immigrants—

1. H. & W.S. Circular 3 of 8.1.65. Health of Immigrants.
2. S.I. 153 of 15.2.65. Commonwealth Immigrants (Control of Immigration) Exemption Order, 1965.

Infectious Disease—

1. H. & W.S. Memo 3 of 12.2.65. Immunisation Publicity.
2. H. & W.S. Memo. 7 of 24.3.65. Poliomyelitis Vaccination.
3. H. & W.S. Memo. 37 of 29.9.65. Poliomyelitis Vaccination.

Maternal and Child Welfare—

- H. & W.S. Memo. 2 of 5.2.65. Maternity Benefit.
 H. & W.S. Memo. 4 of 3.3.65. Maternity Benefit.
 H. & W.S. Memo. 32 of 19.8.65. Use of Cot Restrainers for Children in Nurseries.
 H. & W.S. Circular 13 of 19.8.65. Local Authority Health Statistics.
 H. & W.S. Circular 15 of 20.8.65. Public Health (Notification of Births) Act, 1965.
 H. & W.S. Circular 16 of 24.8.65. Register of Handicapped Children.
 S.E.D. Circular 602 and H. & W.S. Circular 23 of 14.12.65. Report on the Ascertainment of Maladjusted Children. Report on Medical Services for Child Guidance.

Meat Inspection—Public Health (Imported Food) (Scotland) Regulations—Official Certificates—

1. FIF/1/BRAZ. of 11.1.65. Brazil. Official Certificate.
2. (FIF) — of 1.2.65. South-West Africa. Modification of Official Certificate.
3. FIF/1/AUST. of 8.2.65. Austria. Modification of Official Certificate.
4. FIF/1/CZEC. of 12.2.65. Czechoslovakia. Official Certificate.
5. FIF/1/ZAMB. of 19.2.65. Zambia. Official Certificate.
6. FIF/1/GRCE. of 25.2.65. Greece. Revocation of Official Certificate.
7. FIF/1/SWAF. of 25.2.65. South-West Africa. Official Certificate.
8. FIF/1/SUD. of 25.2.65. Sudan. Revocation of Official Certificate.
9. FIF/1/DENM. of 26.2.65. Denmark. Modification of Official Certificate.
10. FIF/1/AUS. of 9.3.65. Australia. Modification of Official Certificate.
11. FIF/1/FIN. of 9.3.65. Finland. Modification of Official Certificate.
12. FIF/1/GUAT. of 9.3.65. Guatemala City. Revocation of Official Certificate.
13. FIF/1/NETH. of 9.3.65. Kingdom of the Netherlands. Official Certificate.
14. FIF/1/NORW. of 9.3.65. Norway. Official Certificate.
15. FIF/1/TANZ. of 9.3.65. Tanzania. Official Certificate.
16. FIF/1/DENM. of 26.3.65. Kingdom of Denmark. Modification of Official Certificate.
17. FIF/1/SWED. of 26.3.65. Sweden. Admission of Lard under Official Certificate.
18. FIF/1/POLA. of 15.4.65. Poland. Modification of Official Certificate.
19. FIF/1/SO.RH. of 15.4.65. Southern Rhodesia. Official Certificate.
20. FIF/1/BECH. of 15.4.65. Bechuanaland Protectorate. Official Certificate.
21. FIF/1/CHIL. of 27.4.65. Chile. Modification of the Official Certificate.
22. FIF/1/AUS. of 7.5.65. Australia. Amendments to the Official Certificate.
23. FIF/1/AUS. of 18.5.65. Australia. Amendments to the Official Certificate.
24. FIF/1/LEBA. of 18.5.65. Lebanon. Official Certificate.
25. FIF/1/YUGO. of 18.5.65. Yugoslavia. Modification of Official Certificate.
26. FIF/1/JAPAN of 8.6.65. Japan. Revocation of Certificate.
27. FIF/1/CHINA of 8.6.65. China. Modification of Official Certificate.
28. FIF/1/NORWAY of 8.6.65. Norway. Amendment to Official Certificate.
29. FIF/1/CANADA of 29.6.65. Canada. Modification of Official Certificate.
30. FIF/1/SWED. of 9.7.65. Sweden. Modification of Official Certificate.
31. FIF/1/AUSL. of 9.7.65. Australia. Amendment to Official Certificate.
32. FIF/1/CHINA of 9.7.65. China. Modification of Official Certificate.
33. (FIF) — of 9.7.65. New Zealand. Modification of Official Certificate.
34. FIF/1/PARA. of 9.7.65. Paraguay. Modification of the Official Certificate.
35. FIF/1/POLA. of 9.7.65. Poland. Modification of the Official Certificate.
36. FIF/1/HUNG. of 27.7.65. Hungary. Modification of the Official Certificate.
37. FIF/1/SOAF. of 27.7.65. South Africa. Modification of the Official Certificate.

Meat Inspection—Public Health (Imported Food) (Scotland) Regulations—Official Certificates—Continued—

38. FIF/1/GIB. of 27.7.65. Gibraltar. Official Certificate.
39. FIF/1/POLA. of 6.8.65. Poland. Modification of Official Certificate
40. FIF/1/ROUM. of 17.8.65. Roumania. Official Certificate.
41. (FIF) — of 23.8.65. Brazil. Modification of Official Certificate.
42. FIF/1/CHINA of 23.8.65. China. Modification of Official Certificate.
43. FIF/1/AUSL. of 1.9.65. Australia. Modification of Official Certificate.
44. FIF/1/DENM. of 21.9.65. Denmark. Modification of Official Certificate.
45. FIF/1/AUSL. of 21.9.65. Australia. Modification of Official Certificate
46. FIF/1/SP. of 21.9.65. Spain. Modification of Official Certificate.
47. FIF/1/SWED. of 21.9.65. Sweden. Modification of Official Certificate.
48. FIF/1/ARGEN. of 1.10.65. Argentine. Modification of Official Certificate
49. FIF/1/CZEC. of 1.10.65. Czechoslovakia. Modification of Official Certificate.
50. FIF/1/HUNG. of 1.10.65. Hungary. Modification of Official Certificate.
51. FIF/1/NEWZ. of 1.10.65. New Zealand. Official Certificate.
52. (FIF) — of 15.10.65. Uruguay. Modification of Official Certificate.
53. FIF/1/CANA. of 15.10.65. Canada. Modification of Official Certificate.
54. FIF/1/ROUM. of 15.10.65. Roumania. Modification of Official Certificate.
55. FIF/1/AUSL/A. of 1.11.65. Australia. Modification of Official Certificate.
56. FIF/1/SORH. of 1.11.65. Southern Rhodesia. Recognition of Additional Official Certificate.
57. FIF/1/AUSL/A. of 5.11.65. Australia. Deletion of one establishment number from Official Certificate.
58. FIF/1/BULG. of 16.11.65. Bulgaria. Modification of Official Certificate.
59. FIF/1/CHINA of 16.11.65. China. Modification of Official Certificate.
60. FIF/1/NEWZ. of 16.11.65. New Zealand. Modification of Official Certificate.
61. FIF/1/ICEL. of 6.12.65. Republic of Iceland. Modification of Official Certificate.
62. FIF/1/SWIT. of 6.12.65. Switzerland. Modification of Official Certificate.
63. FIF/1/CZEC. of 10.12.65. Czechoslovakia. Modification of Official Certificate.
64. FIF/1/AUSL/A. of 17.12.65. Australia. Recognition of two Official Certificates.
65. FIF/1/AUSL/A. of 17.12.65. Australia. Modification of the Official Certificates.

Mental Defect and Disease—

1. H & W.S. Circular 4 of 15.1.65. Mental Health Services.
2. H. & W.S. Memo. 5 of 12.3.65. Mental Health (Scotland) Act, 1960. List of Medical Practitioners.
3. S.E.D. Circular 588 of 16.6.65. Ascertainment of Mentally Handicapped Children.
4. H. & W.S. Memo. 26 of 14.7.65. Amendments to Revised List of Approved Medical Practitioners.

Midwives—

1. S.I. 1352 (S.66) Central Midwives Board for Scotland (Amendment) Rules, 1965. Approval Instrument.

Milk—

1. Foods Circular 1 of 26.2.65. Milk and Dairies (Scotland) Acts, 1914-49 The Milk (Special Designations) (Scotland) Order, 1965.
2. S.I. 253 (S.11) of 19.4.65. The Milk (Special Designations) (Scotland) Order, 1965.
3. Addenda to D.H.S. Circular 6/1962—Nos. 7 (May) and 8 (November), 1965. Chemical Sterilisation of Dairy Equipment.

National Assistance—

1. S.H.H.D. Circular 4 of 12.3.65. The National Assistance (Charges for Accommodation) (Scotland) Regulations, 1965.
2. S.I. 309 (S.13) of 29.3.65. The National Assistance (Charges for Accommodation) (Scotland) Regulations, 1965.

National Health Service—

1. S.I. 56 (S.4.) of 19.1.65. National Health Service (Abolition of Prescriptions) Charges (Scotland) Regulations, 1965.
2. H. & W.S. Memo. 11 of 7.5.65. Booklet "The National Health Service in Scotland".
3. H. & W.S. Circular 9 of 23.6.65. Remuneration of General Medical Practitioners.
4. S.I. 1999 (S.109) of 1.12.65. National Health Service (General Medical and Pharmaceutical Services) (Scotland) Amendment Regulations, 1965.
5. S.I. 2177 (S.126) of 22.12.65. National Health Service (Travelling Allowances, etc.) (Scotland) Amendment Regulations, 1965.

Nursing—

1. S.I. 1197 (S.47) of 9.6.65. Nurses (Scotland) Amendment Rules. Approval Instrument.
2. S.I. 1740 (S.88). Nurses Register (Scotland) Order, 1965.
3. S.I. 2176 (S.125) of 22.12.65. Nurses (Regional Nurse-Training Committees) (Scotland) Amendment Order, 1965.

Port Health—

1. S.I. 1047 of 28.1.65. The Merchant Shipping (Crew Accommodation) (Amendment) Regulations, 1965.

Public Health—

1. S.D.D. Circular 29 of 18.5.65. Discouragement of Litter. Anti-Litter Campaign, 1965-66.
2. S.I. 307 of 25.2.65. Shops and Offices. The Information for Employees Regulations, 1965.
3. S.I. 1360 of 2.8.65. The Offices, Shops & Railway Premises Act, 1963. (Conduct of Inquiries) Regulations, 1965.
4. S.I. 1437 of 2.8.65. Public Health, England and Wales. Public Health. (Scotland). The Rag Flock and Other Filling Materials Regulations, 1965.
5. H. & W.S. Circular 19 of 19.10.65. Course on Noise for Sanitary Inspectors.

School Health Service—

1. S.E.D. Circular 574 of 12.1.65. School Premises (Standards and General Requirements) (Scotland) (Amendment) Regulations, 1965.
2. S.I. 2078 (S.130) of 13.1.65. School Premises (Standards and General Requirements) (Scotland) (Amendment) Regulations, 1965.
3. S.E.D. Memo. 2 of 25.2.65. Poisonous Substances in Pencils and Other Allied Materials used in Schools.
4. S.E.D. Memo. 3 of 26.2.65. Use of Inflammable Materials in Homecraft Classes.
5. H. & W.S. Circular 14 of 25.8.65. School Health Service. Report for year ended 31.7.65.

Social Services—

1. Addendum of 16.3.65 to H. & W.S. Circular 24.1964. Training for Social Work in Health and Welfare Services.

Statistics—

1. H. & W.S. Memo. 28 of 23.7.65. Scottish Medical Automation Centre. Introductory Courses on Computers.

Tuberculosis—

1. S.H.H.D. Circular 8 of 30.4.65. Protection of Children against Tuberculosis.

Water Supplies—

1. H. & W.S. Circular 12 of 6.8.65. Fluoridation of Water Supplies.

Welfare of the aged—

1. H. & W.S. Memo. 1 of 15.1.65. Accidental Hypothermia in the Aged.

APPENDIX.

TABLE I.—GLASGOW, 1965.—ESTIMATED POPULATION AS AT BOTH JUNE, IN EACH MUNICIPAL WARD, ACREAGE, AND PERSONS PER ACRE.

MUNICIPAL WARDS	POPULATION				Acreage	Persons per acre (including Inst'utions and Shipping)
	Without Institutions and Shipping	Institu- tions	Shipping*	Total		
1. Shettleston and Tollcross ...	42,163	193	—	42,356	1,167	36
2. Parkhead ...	15,691	409	—	16,100	819	20
3. Dalmarnock ...	26,834	11	—	26,845	487	55
4. Calton ...	16,579	682	—	17,261	404	43
5. Mile-end ...	25,573	283	—	25,856	443	58
6. Dennistoun ...	22,331	11	—	22,342	689	32
7. Provan ...	82,022	2,132	—	84,154	4,846	17
8. Cowlairs ...	20,173	1,042	—	21,215	645	33
9. Springburn ...	31,880	1,826	—	33,706	2,118	16
10. Townhead ...	22,238	1,539	—	23,777	301	79
11. Exchange ...	7,541	3,206	4	10,751	507	21
12. Anderston ...	15,350	1,474	412	17,236	530	32
13. Park ...	16,227	850	—	17,077	317	54
14. Cowcaddens ...	14,400	213	—	14,613	488	30
15. Woodside ...	14,336	277	—	14,613	170	86
16. Ruchill ...	43,210	409	—	43,619	1,962	22
17. North Kelvin	20,687	131	—	20,818	278	74
18. Maryhill ...	23,325	144	—	23,469	2,210	11
19. Kelvinside ...	19,663	1,829	5	21,497	1,160	19
20. Partick (East)	18,599	967	—	19,566	351	56
21. Partick (West)	18,502	63	61	18,626	464	40
22. Whiteinch ...	21,008	51	—	21,059	894	24
23. Yoker ...	28,294	274	14	28,582	1,213	24
24. Knightswood	53,291	67	—	53,358	1,614	33
25. Hutchesontown	13,567	—	—	13,567	387	35
26. Gorbals ...	18,544	6	—	18,550	252	74
27. Kingston ...	16,125	—	10	16,135	355	45
28. Kinning Park	19,270	92	466	19,828	402	49
29. Govan ...	22,314	77	—	22,391	489	46
30. Fairfield ...	18,784	1,265	266	20,315	1,351	15
31. Craigton ...	35,188	292	—	35,480	1,566	23
32. Pollokshields	35,238	2,134	—	37,372	3,239	12
33. Camphill ...	18,606	356	—	18,962	481	39
34. Pollokshaws ...	47,416	192	—	47,608	3,223	15
35. Govanhill ...	22,939	204	—	23,143	365	63
36. Langside ...	25,460	846	—	26,306	801	33
37. Cathcart ...	62,433	271	—	62,704	2,737	23
CITY ...	975,801	23,818	1,238	1,000,857	39,725	25

* as at Census 1961.

TABLE II.—GLASGOW, 1965.—INHABITED AND UNOCCUPIED HOUSES
IN EACH MUNICIPAL WARD AS AT WHITSUNDAY, 1965.

MUNICIPAL WARDS	INHABITED HOUSES				Empty Houses
	1965	1964	Decrease	Increase	
1. Shettleston and Tollcross	13,072	12,988	—	84	141
2. Parkhead	5,576	5,585	9	—	57
3. Dalmarnock	9,823	10,173	350	—	416
4. Calton	5,948	6,082	134	—	230
5. Mile-end	8,157	9,407	250	—	338
6. Dennistoun	8,204	8,223	19	—	193
7. Provan	20,378	20,169	—	209	13
8. Cowlairs	7,737	7,845	108	—	202
9. Springburn	9,469	9,415	—	54	155
10. Townhead	7,733	8,258	525	—	543
11. Exchange	3,094	3,252	158	—	161
12. Anderston	5,504	5,888	384	—	386
13. Park	5,498	5,552	54	—	297
14. Cowcaddens	4,927	5,283	356	—	358
15. Woodside	5,168	5,500	332	—	296
16. Ruchill	12,681	12,689	8	—	152
17. North Kelvin	8,140	8,128	—	12	313
18. Maryhill	8,199	7,961	—	238	176
19. Kelvinside	7,733	7,640	—	93	201
20. Partick (East)	6,955	6,973	18	—	240
21. Partick (West)	7,303	7,435	132	—	170
22. Whiteinch	7,447	7,159	—	288	165
23. Yoker	9,633	8,916	—	717	43
24. Knightswood	13,864	13,826	—	38	14
25. Hutchesontown	4,885	5,294	409	—	204
26. Gorbals	5,636	6,158	522	—	255
27. Kingston	5,343	5,604	261	—	301
28. Kinning Park	6,929	7,082	153	—	238
29. Govan	7,329	7,577	248	—	206
30. Fairfield	6,536	6,825	289	—	152
31. Craigton	11,350	11,315	—	35	96
32. Pollokshields	10,132	10,007	—	125	148
33. Camphill	7,720	7,724	4	—	193
34. Pollokshaws	12,763	12,546	—	217	91
35. Govanhill	8,637	8,687	50	—	209
36. Langside	9,211	9,177	—	34	123
37. Cathcart	18,785	17,973	—	812	107
CITY	318,499	320,316	1,817	—	7,583

These figures (supplied by the City Assessor) include Farmed-out Houses, houses attached to business premises and inhabitant occupiers.

TABLE III.—GLASGOW.—LININGS GRANTED BY DEAN OF GUILD COURT IN RESPECT OF HOUSES IN YEARS FROM 1919.

Year ending 31st August	NUMBER OF APARTMENTS						TOTAL
	1	2	3	4	5	6	
1919-20 (Annual Average)	—	6	692	246	107	29	1,080
1921-25 (do.)	—	308	638	400	234	51	1,631
1926-30 (do.)	—	350	3,067	1,346	448	90	5,301
1931-35 (do.)	13	349	2,287	1,578	131	23	4,381
1936-39 (do.)	—	—	1,581	2,140	533	24	4,279
1940-43 (do.)	—	—	—	—	—	—	—
1944-48 (do.)	25	23	226	792	145	2	1,213
1949-53 (do.)	90	108	2,402	2,230	288	2	5,120
1954-58 (do.)	128	120	3,287	1,102	189	3	4,829
1959	65	5	1,560	139	21	—	1,790
1960	613	403	2,860	264	43	2	4,185
1961	292	192	1,965	137	26	—	2,612
1962	1,328	905	2,733	745	35	—	5,746
1963	678	2,412	5,161	861	81	2	9,195
1964	729	1,396	2,362	860	150	17	5,514
1965	360	1,567	2,603	456	137	—	5,123

TABLE IV.—ABSTRACT OF METEOROLOGICAL OBSERVATIONS TAKEN AT SPRINGBURN PUBLIC PARK.

MONTHS	TEMPERATURE			RAINFALL		SUNSHINE Hours
	Highest Temp. in Shade	Lowest Temp. in Shade	Mean Temp.	No. of Days	Amount Collected in inches	
1965						
January ...	50	20	34.9	18	4.78	51.6
February ...	49	19	36.5	6	0.77	62.3
March ...	63	11	37.9	16	2.53	87.4
April ...	61	30	44.9	18	3.49	155.7
May ...	74	34	50.1	17	3.35	147.6
June ...	72	39	55.5	19	3.05	140.9
July ...	68	37	54.1	13	3.63	154.5
August ...	73	40	55.1	18	3.43	140.2
September ...	65	40	52.6	18	5.51	68.4
October ...	63	34	48.5	15	3.69	65.4
November ...	54	24	36.9	15	2.19	73.3
December ...	52	20	36.2	25	5.10	43.0
1956 ...	78	12	46.7	221	38.19	1,196
1957 ...	82	24	48.3	220	42.05	1,264
1958 ...	82	15	47.2	224	41.51	1,052
1959 ...	80	18	48.9	196	34.21	1,220
1960 ...	79	12	47.7	230	41.32	1,260
1961 ...	76	15	47.4	223	46.26	1,086
1962 ...	76	18	46.1	208	43.35	1,230
1963 ...	78	11	45.6	223	37.62	1,281
1964 ...	72	19	47.1	211	36.94	1,145
1965 ...	74	11	45.3	198	41.52	1,190

TABLE V.—GLASGOW.—BIRTHS AND BIRTH-RATES *per Million* IN EACH WARD FOR THE YEAR 1965, AND NUMBER AND PERCENTAGE OF ILLEGITIMATE BIRTHS.

MUNICIPAL WARDS.	Births 1965	Birth- rate 1965	Birth- rate 1964	Illegitimate Births	
				No.	% Total Births
1. Shettleston and Tollcross ...	830	19,685	21,652	63	7.6
2. Parkhead	254	16,188	20,237	27	10.6
3. Dalmarnock	910	33,912	36,147	72	7.9
4. Calton	497	29,978	33,709	53	10.7
5. Mile-end	891	34,841	36,666	89	10.0
6. Dennistoun	581	26,018	24,032	25	4.3
7. Provan	1,118	13,630	14,334	74	6.6
8. Cowlares	636	31,527	29,171	37	5.8
9. Springburn	581	18,225	19,023	48	8.3
10. Townhead	672	30,218	35,097	54	8.0
11. Exchange	173	22,941	27,626	23	13.3
12. Anderston	398	25,928	26,889	49	12.3
13. Park	385	23,726	24,836	61	15.8
14. Cowcaddens	525	36,458	38,067	45	8.7
15. Woodside	486	33,901	34,485	52	10.7
16. Ruchill	697	16,131	18,196	74	10.6
17. North Kelvin	671	32,436	34,236	56	8.3
18. Maryhill	564	24,180	25,018	39	6.9
19. Kelvinside	300	15,257	17,011	14	4.7
20. Partick (East)	397	21,345	22,474	27	6.8
21. Partick (West)	465	25,132	26,847	20	4.3
22. Whiteinch	429	23,187	20,195	17	4.0
23. Yoker	389	13,748	12,424	31	8.0
24. Knightswood	733	13,755	12,948	65	8.9
25. Hutchesontown	453	33,390	36,234	27	6.0
26. Gorbals	521	28,095	32,051	47	9.0
27. Kingston	513	31,814	31,884	46	9.0
28. Kinning Park	600	31,136	30,775	35	5.8
29. Govan	739	33,118	32,742	56	7.6
30. Fairfield	446	23,744	25,352	23	5.2
31. Craigton... ..	341	9,691	11,478	21	6.2
32. Pollokshields	541	15,353	14,722	41	7.6
33. Camphill	326	17,521	18,438	15	4.6
34. Pollokshaws	682	14,383	15,511	47	6.9
35. Govanhill	695	30,298	31,212	26	3.7
36. Langside	410	16,104	15,957	19	4.6
37. Cathcart	972	15,569	15,984	66	6.8
Institutions	25	—	—	22	8.8
Harbour	—	—	—	—	—
CITY	20,846	20,828	21,996	1,606	7.7

TABLE VI.—GLASGOW.—DEATHS AND DEATH-RATES *per Million* IN EACH MUNICIPAL WARD, FOR THE YEAR 1965, AND CORRESPONDING RATES FOR 1964 AND 1963. (Compiled in the Department).

MUNICIPAL WARDS	Deaths 1965	Death-rates		
		1965	1964	1963
1. Shettleston and Tollcross ...	506	12,001	11,295	13,338
2. Parkhead	246	15,678	14,786	15,764
3. Dalmarnock	387	14,422	11,622	13,738
4. Calton	236	14,235	15,154	15,233
5. Mile-end	336	13,139	12,074	13,726
6. Dennistoun	304	13,613	13,675	14,204
7. Provan	611	7,449	7,399	8,247
8. Cowlairs	285	14,128	13,991	14,580
9. Springburn	341	10,696	10,195	12,040
10. Townhead	292	13,131	11,854	14,021
11. Exchange	144	19,095	15,733	17,495
12. Anderston	235	15,309	12,650	14,916
13. Park	219	13,496	13,121	13,913
14. Cowcaddens	170	11,806	11,728	12,622
15. Woodside	181	12,626	12,856	14,050
16. Ruchill	549	12,705	11,468	13,535
17. North Kelvin	242	11,698	12,301	14,234
18. Maryhill	319	13,676	13,248	13,002
19. Kelvinside	276	14,036	15,076	15,675
20. Partick (East)	258	13,872	15,159	15,030
21. Partick (West)	290	15,674	13,371	14,931
22. Whiteinch	292	13,899	12,800	15,791
23. Yoker	437	15,445	13,383	14,525
24. Knightswood	468	8,782	8,284	8,299
25. Hutchesontown	171	12,604	11,859	12,251
26. Gorbals	263	14,182	11,342	13,849
27. Kingston	223	13,829	11,716	12,528
28. Kinning Park	284	14,738	13,161	13,426
29. Govan	302	13,534	13,054	13,290
30. Fairfield	267	14,214	14,050	14,020
31. Craigton	481	13,669	12,763	12,694
32. Pollokshields	360	10,216	10,593	10,685
33. Camphill	319	17,145	17,484	18,553
34. Pollokshaws	460	9,701	8,411	9,609
35. Govanhill	313	13,645	12,572	14,750
36. Langside	348	13,668	14,079	15,600
37. Cathcart	582	9,322	8,821	9,968
Institutions	757	—	—	—
Harbour	6	—	—	—
CITY	12,760	12,749	12,047	13,328

TABLE VII.—GLASGOW.—DEATHS AND DEATH-RATES *per Million* FROM DIFFERENT CAUSES, FOR THE YEAR 1965, AND THE CORRESPONDING RATES FOR 1964 AND 1963.

(from Registrar General's Annual Returns)

Code No.	CAUSE OF DEATH	Deaths 1965	Annual Death Rate per Million		
			1965	1964	1963
1	Tuberculosis of the Respiratory System	149	149	136	200
2	Tuberculosis, other Forms	8	8	9	4
3	Syphilis and its sequelae	13	13	7	11
4	Dysentery, all forms	2	2	2	—
5	Whooping Cough	—	—	—	2
6	Meningococcal infections	5	5	8	5
7	Acute poliomyelitis	—	—	—	—
8	Measles	—	—	3	3
9	Other infective and parasitic diseases*	15	15	25	21
10/12	Malignant neoplasms	2,620	2,617	2,464	2,415
13	Benign and unspecified neoplasms	21	21	22	26
14	Diabetes Mellitus	121	121	71	107
15	Anaemias	42	42	42	45
16	Other general diseases	72	72	73	75
17	Vascular lesions affecting central nervous system	1,984	1,982	1,763	1,885
18	Non-Meningococcal meningitis	11	11	19	14
19	Other diseases of the nervous system	183	183	155	241
20	Rheumatic fever	—	—	2	—
21	Chronic rheumatic heart disease	161	161	172	194
22	Arteriosclerotic heart disease, including coronary disease	2,654	2,652	2,612	3,508
23	Degenerative heart disease	794	793	661	—
24	Other diseases of heart	140	140	123	158
25	Hypertensive heart disease	163	163	173	175
26	Other hypertensive disease	85	85	105	113
27	Other circulatory disease	281	281	316	373
28	Influenza	17	17	16	5
29	Pneumonia (except of newborn)	533	532	429	702
30	Bronchitis	814	813	793	913
31	Other respiratory disease	87	87	81	95
32	Ulcer of stomach and duodenum	76	76	86	98
33	Appendicitis	18	18	11	10
34	Intestinal obstruction and hernia	73	73	71	63
35	Gastritis, duodenitis, enteritis, and colitis (except diarrhoea of newborn)	58	58	55	65
36	Cirrhosis of liver	48	48	47	65
37	Other diseases of liver	35	35	31	47
38	Other digestive diseases	50	50	42	37
39	Nephritis and nephrosis	64	64	72	71
40	Hyperplasia of prostate	37	37	32	37
41/42	Other diseases of the genito-urinary system	94	94	99	105
43	Deliveries and complications of pregnancy, childbirth and puerperium	14	14	7	10
44	Diseases of skin and organs of locomotion	48	48	43	45
45/47	Congenital malformations	146	146	125	158
48	Birth injuries, postnatal asphyxia and atelectasis	175	175	208	206
49	Infections of the Newborn	27	27	23	28
50	Other diseases peculiar to early infancy and immaturity, unqualified	99	99	95	92
51	Senility without mention of psychosis	38	38	32	25
52	Ill defined and unknown causes	41	41	48	73
53/54	Road vehicle accidents	174	174	155	152
55	Accidents in the home	255	255	261	271
56	Other violence (BE50)	133	133	141	136
57	Suicide and self inflicted injury	92	92	98	102
	Total	12,761	12,751	12,053	13,237

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE VIII A.—GLASGOW, 1965.—DEATHS FROM DIFFERENT CAUSES
AT SEVERAL AGE PERIODS (MALES).

(from Registrar General's Annual Return)

Code No.	CAUSE OF DEATH	-4 Wks	4- Wks	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	85+	Total Males
1	Tuberculosis of the Respiratory system ...	—	—	—	1	—	1	1	8	16	36	29	8	1	101
2	Tuberculosis, other forms ...	—	—	—	—	—	—	1	—	1	1	1	—	—	4
3	Syphilis and its sequelae ...	—	—	—	—	—	—	—	—	—	2	4	2	—	8
4	Dysentery, all forms ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Meningococcal Infections ...	—	1	3	—	—	—	—	—	—	—	—	—	—	4
7	Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases* ...	—	—	1	—	—	—	—	—	2	—	1	1	—	5
0/															
12	Malignant Neoplasms ...	—	2	5	1	3	6	9	52	166	474	458	258	33	1,467
13	Benign and unspecified Neoplasms ...	—	—	1	—	1	—	—	1	1	4	3	—	—	11
14	Diabetes Mellitus ...	—	—	—	—	—	—	—	1	4	11	16	8	—	40
15	Anaemias ...	—	—	1	—	—	—	—	—	2	1	6	2	—	12
16	Other general diseases ...	—	—	—	1	—	—	—	—	3	3	12	2	—	27
17	Vascular lesions affecting central nervous system ...	—	—	—	—	—	2	2	11	31	115	261	254	86	762
18	Non-meningococcal meningitis ...	1	—	1	1	—	—	—	—	1	—	2	—	—	6
19	Other diseases of the Nervous system ...	—	5	3	3	—	6	3	6	17	13	8	14	6	84
20	Rheumatic fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21	Chronic rheumatic heart disease ...	—	—	—	—	—	2	6	4	10	11	7	2	—	42
22	Arteriosclerotic heart disease including coronary disease ...	—	—	—	—	—	—	12	59	194	501	459	282	58	1,565
23	Degenerative heart disease ...	—	—	—	—	—	1	6	11	43	97	106	69	—	333
24	Other diseases of heart ...	—	1	—	—	1	2	—	1	8	9	12	15	7	56
25	Hypertensive heart disease ...	—	—	—	—	—	—	—	3	4	15	20	16	2	60
26	Other hypertensive disease ...	—	—	—	—	—	2	—	1	5	9	6	10	2	35
27	Other circulatory diseases ...	—	1	—	—	—	1	—	1	5	15	28	33	17	101
28	Influenza ...	—	1	—	—	—	—	—	—	—	4	1	2	—	8
29	Pneumonia (except of the Newborn) ...	—	36	9	3	1	—	—	—	—	—	—	—	—	260
30	Bronchitis ...	—	8	—	—	—	2	4	9	49	165	202	120	38	597
31	Other respiratory diseases ...	1	3	2	1	—	—	—	6	6	16	13	10	2	60
32	Ulcer of stomach and duodenum ...	—	—	—	—	—	1	—	4	4	14	14	9	3	49
33	Appendicitis ...	—	—	2	—	—	1	1	—	1	—	1	—	3	9
34	Intestinal obstruction and hernia ...	3	2	—	—	—	—	—	1	2	5	7	10	2	32
35	Gastritis, duodenitis, enteritis and colitis (except diarrhoea of Newborn) ...	—	8	2	—	—	—	—	1	1	2	3	3	—	20
36	Cirrhosis of the liver ...	—	—	—	—	—	—	—	—	3	8	6	2	—	19
37	Other diseases of the liver ...	—	—	—	—	—	1	—	—	—	1	5	1	2	10
38	Other digestive diseases ...	—	—	—	—	—	—	—	1	4	6	6	3	1	21
39	Nephritis and Nephrosis ...	—	1	—	—	—	3	3	5	6	7	4	3	—	32
40	Hyperplasia of the Prostate ...	—	—	—	—	—	—	—	—	—	2	8	19	8	37
41/	Other diseases of the genito-urinary system ...	—	—	—	—	—	1	1	—	4	4	9	5	4	28
42	Deliveries and complications of Pregnancy, Childbirth and Puerperium ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Diseases of the skin and organs of locomotion ...	—	—	—	—	—	—	1	1	2	1	4	6	—	15
15/															
47	Congenital Malformations ...	31	26	8	1	2	2	3	1	1	3	—	—	—	78
48	Birth injuries, post-natal asphyxia and atelectasis ...	94	2	—	—	—	—	—	—	—	—	—	—	—	96
49	Infections of the Newborn ...	18	—	—	—	—	—	—	—	—	—	—	—	—	18
50	Other diseases peculiar to early infancy and immaturity unqualified ...	53	1	—	—	—	—	—	—	—	—	—	—	—	54
51	Senility without mention of psychosis ...	—	—	—	—	—	—	—	—	—	—	—	5	5	10
52	Ill defined and unknown causes ...	—	2	—	—	—	—	—	—	2	5	5	7	1	22
3/															
54	Road vehicle accidents ...	—	—	10	8	7	11	21	13	8	14	17	7	4	120
55	Accidents in the home ...	3	17	5	—	1	2	8	14	22	22	17	21	10	142
56	Other violence (BE50) ...	—	—	5	8	—	19	13	12	16	18	4	6	2	103
57	Suicide and self-inflicted injury ...	—	—	—	—	—	3	7	8	15	16	10	1	—	60
	All causes ...	204	117	58	28	16	70	101	240	638	1,611	1,824	1,323	393	6,623

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE VIIIb.—GLASGOW, 1965.—DEATHS FROM DIFFERENT CAUSES
AT SEVERAL AGE PERIODS (FEMALES).

(from Registrar General's Annual Return)

Code No.	CAUSE OF DEATH	-4 Wks	4 Wks	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	85+	Total Females	Total Males
1	Tuberculosis of the Respiratory system ...	—	—	—	—	—	—	1	9	11	4	10	4	—	39	4
2	Tuberculosis, other forms ...	—	—	—	—	2	1	—	—	—	—	—	1	—	4	—
3	Syphilis and its sequelae ...	—	—	—	—	—	1	—	—	1	1	1	—	—	5	—
4	Dysentery, all forms ...	1	—	—	—	—	—	—	—	—	—	1	—	—	2	—
5	Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Meningococcal Infections ...	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
7	Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases* ...	—	2	—	—	—	—	—	1	3	3	1	—	—	1	—
10/																
12	Malignant Neoplasms ...	—	—	2	3	3	4	15	54	142	287	341	251	51	1,153	262
13	Benign and unspecified Neoplasms ...	1	1	—	—	—	—	1	—	1	—	2	3	1	1	2
14	Diabetes Mellitus ...	—	—	—	—	—	2	—	4	13	37	24	1	—	81	1
15	Anaemias ...	—	—	—	—	1	—	—	3	2	7	11	6	3	4	—
16	Other general diseases ...	—	2	—	—	1	1	4	6	9	14	5	3	45	7	—
17	Vascular lesions affecting central nervous system ...	—	—	—	—	—	2	3	12	53	135	331	473	213	1,222	1,984
18	Non-meningococcal meningitis ...	1	2	—	—	—	—	—	—	—	1	1	—	—	5	—
19	Other diseases of the Nervous system ...	1	4	1	3	—	1	3	9	7	18	19	21	12	99	—
20	Rheumatic fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21	Chronic rheumatic heart disease ...	—	—	—	—	—	3	4	7	23	38	26	15	3	119	—
22	Arteriosclerotic heart disease including coronary disease ...	—	—	—	—	—	—	3	16	66	202	388	330	84	1,889	2,650
23	Degenerative heart disease ...	—	—	—	1	—	1	—	1	7	37	96	173	145	461	790
24	Other diseases of heart ...	—	—	—	—	—	—	1	3	4	14	16	29	17	84	14
25	Hypertensive heart disease ...	—	—	—	—	—	—	—	1	5	8	27	54	8	1	163
26	Other hypertensive disease ...	—	—	—	—	1	1	1	3	10	17	13	4	5	5	—
27	Other circulatory disease ...	—	1	—	—	—	—	1	1	3	14	44	73	43	180	280
28	Influenza ...	—	—	—	—	—	—	—	1	—	1	—	5	2	9	7
29	Pneumonia (except of the Newborn) ...	—	36	4	—	—	1	2	2	7	16	58	93	54	273	533
30	Bronchitis ...	—	5	—	1	—	—	6	23	42	62	57	21	21	217	814
31	Other respiratory diseases ...	1	2	—	—	1	—	—	1	2	4	6	5	5	27	87
32	Ulcer of stomach and duodenum ...	—	—	—	—	—	—	—	1	—	4	12	8	2	27	76
33	Appendicitis ...	—	—	—	—	—	1	—	3	1	—	3	1	—	9	18
34	Intestinal obstruction and hernia ...	1	—	—	—	—	—	—	1	—	5	10	17	7	41	70
35	Gastritis, duodenitis, enteritis and colitis (except diarrhoea of the Newborn) ...	—	9	3	—	—	1	1	1	4	5	5	6	3	38	58
36	Cirrhosis of the liver ...	—	—	—	—	—	1	—	1	2	10	10	5	—	29	48
37	Other diseases of the liver ...	—	—	—	—	—	—	—	—	5	1	8	8	3	25	35
38	Other digestive diseases ...	1	—	2	—	—	—	1	1	2	6	7	7	2	29	5
39	Nephritis and Nephrosis ...	—	—	—	1	1	2	1	2	4	8	8	4	1	32	64
40	Hyperplasia of the Prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87
41/	Other diseases of the genito-urinary system ...	—	1	—	—	—	—	—	3	2	10	26	17	7	66	94
43	Deliveries and complications of Pregnancy, Childbirth and Puerperium ...	—	—	—	—	—	3	7	4	—	—	—	—	—	14	14
44	Diseases of the skin and organs of locomotion ...	—	—	—	—	—	—	—	1	—	3	12	13	4	33	48
45/																
47	Congenital Malformations ...	31	18	7	3	1	1	2	—	1	4	—	—	—	68	146
48	Birth injuries, post-natal asphyxia and atelectasis ...	77	2	—	—	—	—	—	—	—	—	—	—	—	79	175
49	Infections of the Newborn ...	9	—	—	—	—	—	—	—	—	—	—	—	—	9	27
50	Other diseases peculiar to early infancy and immaturity unqualified ...	44	1	—	—	—	—	—	—	—	—	—	—	—	45	99
51	Senility without mention of psychosis.....	—	—	—	—	—	—	—	—	—	—	1	9	18	28	38
52	Ill defined and unknown causes	—	4	—	—	—	—	—	—	2	3	6	4	—	19	41
53/																
54	Road vehicle accidents ...	—	—	1	7	2	5	—	1	4	8	17	8	1	54	174
55	Accidents in the home ...	1	6	3	1	2	4	4	7	9	9	12	35	20	113	255
56	Other violence (BE50) ...	—	—	3	—	—	2	2	3	2	2	7	7	2	30	133
57	Suicide and self-inflicted injury	—	—	—	—	—	1	6	3	8	8	5	1	—	32	9
	All causes ...	169	97	26	20	10	40	62	160	418	945	1,656	1,792	743	6,138	12,760

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE IX.—GLASGOW.—STILLBIRTHS, DEATHS UNDER 1 YEAR AND DEATH-RATES PER 1,000 BIRTHS IN EACH MUNICIPAL WARD, FOR THE YEARS 1965 AND 1964

MUNICIPAL WARDS	Still- births 1965	Rate per 1,000 Births* 1965	Rate per 1,000 Births* 1964	Deaths —1 year 1965	Death Rate per 1,000 Births† 1965	Death Rate per 1,000 Births† 1964
1. Shettleston and Tollcross ...	20	24	14	24	29	43
2. Parkhead ...	8	31	9	5	20	19
3. Dalmarnock ...	16	17	22	32	35	30
4. Calton ...	10	20	16	19	38	34
5. Mile-end ...	20	22	20	19	21	32
6. Dennistoun ...	12	20	20	13	22	24
7. Provan ...	38	33	27	33	29	35
8. Cowlairs ...	13	20	26	14	22	36
9. Springburn ...	9	15	30	12	21	21
10. Townhead ...	12	18	15	16	24	13
11. Exchange ...	3	17	22	9	52	27
12. Anderston ...	9	22	21	14	35	31
13. Park ...	8	20	18	10	26	40
14. Cowcaddens ...	16	30	26	17	32	37
15. Woodside ...	4	8	12	12	25	25
16. Ruchill ...	10	14	20	25	36	34
17. North Kelvin	11	16	26	13	19	31
18. Maryhill ...	12	21	15	16	28	19
19. Kelvinside ...	4	13	12	3	10	33
20. Partick (East)	7	17	16	9	23	31
21. Partick (West)	5	11	8	12	26	21
22. Whiteinch ...	5	12	17	9	21	23
23. Yoker ...	8	20	12	19	49	15
24. Knightswood ...	14	18	27	17	22	33
25. Hutchesontown	8	17	23	13	29	13
26. Gorbals ...	13	24	25	23	44	27
27. Kingston ...	16	30	25	22	43	35
28. Kinning Park	13	21	16	28	47	30
29. Govan ...	25	33	19	20	27	45
30. Fairfield ...	10	22	20	12	27	33
31. Craigton ...	6	17	17	7	20	35
32. Pollokshields ...	5	9	13	14	26	23
33. Camphill ...	7	21	28	5	15	20
34. Pollokshaws ...	14	20	13	25	37	28
35. Govanhill ...	19	27	11	17	24	22
36. Langside ...	4	10	10	5	12	10
37. Cathcart ...	17	17	27	19	20	20
Institutions ...	—	—	—	4	—	—
Harbour ...	—	—	—	—	—	—
CITY ...	431	20	19	586	28	29

* Live and Stillbirth.

† Live Births.

TABLE X.—GLASGOW INFANT DEATHS, 1965.
(from the Registrar General's Annual Return).

Abbreviated List B.	Males			Females			Both sexes - 1 year
	- 4 wks.	4 wks. +	Total	- 4 wks.	4 wks. +	Total	
	<i>Congenital Malformations—</i>						
41	—of nervous system and sense organs						
41.1	10	8	18	12	6	18	36
41.2	10	11	21	12	8	20	41
	11	7	18	7	4	11	29
	<i>Diseases of Early Infancy—</i>						
42	Birth Injuries, Post-natal Asphyxia and Atelectasis						
	94	2	96	77	2	79	175
43	Infections of the Newborn						
	18	—	18	9	—	9	27
44	Other diseases peculiar to early infancy and immaturity unqualified ...						
	53	1	54	44	1	45	99
	<i>Diseases of the Respiratory System—</i>						
30	Influenza						
	—	1	1	—	—	—	1
31	Pneumonia						
	—	36	36	—	36	36	72
32	Bronchitis						
	—	8	8	—	5	5	13
41.3	Other respiratory disease						
	1	3	4	1	2	3	7
	<i>Diseases of the Digestive System—</i>						
35	Intestinal Obstruction and Hernia ...						
	3	2	5	1	—	1	6
36	Gastritis, duodenitis, enteritis and colitis (except diarrhoea of Newborn)						
	—	8	8	—	9	9	17
46.5	Other Digestive Disease						
	—	—	—	1	—	1	1
	<i>Diseases of the Nervous System—</i>						
22	Vascular Lesions affecting the Nervous System						
	—	—	—	—	—	—	—
23	Non-meningococcal Meningitis						
	1	—	1	1	2	3	4
46.1	Other Diseases of the Nervous System						
	—	5	5	1	4	5	10
1	<i>Tuberculosis—Respiratory</i>						
	—	—	—	—	—	—	—
2	Non-respiratory						
	—	—	—	—	—	—	—
	<i>Infectious Disease—</i>						
6	Dysentery						
	—	—	—	1	—	1	1
9	Whooping Cough						
	—	—	—	—	—	—	—
10	Meningococcal Infections						
	—	1	1	—	1	1	2
12	Poliomyelitis						
	—	—	—	—	—	—	—
14	Measles						
	—	—	—	—	—	—	—
17	Other infective or parasitic						
	—	—	—	—	2	2	2
	<i>Violence—</i>						
48.1	Accidents in the Home						
	3	17	20	1	6	7	27
	—	—	—	—	—	—	—
	Other Violent Causes						
	—	7	7	1	9	10	17
	<i>All Other Causes</i>						
	—	7	7	1	9	10	17
	Totals						
	204	117	321	169	97	266	587

TABLE XI.—GLASGOW, 1963-1965—ABSTRACT OF NOTIFICATIONS UNDER NOTIFICATION OF BIRTHS ACT, 1907.

	1965	1964	1963
Total Number of Notifications	21,327	23,083	23,363
Doctor at Home	3,436	4,860	5,704
Doctor in Nursing Home	199	314	318
Doctor in Institution	17,259	17,413	16,614
Maternity Hospital (Outdoor) Nurse	—	—	—
Midwife in Nursing Home	304	369	522
Certified Midwife	—	—	1
Municipal Midwife	127	118	203
Others	2	9	1

TABLE XII.—GLASGOW, 1963-1965—BIRTHS NOTIFIED SHOWING MEDICALLY AND NOT MEDICALLY ATTENDED.

	1965	1964	1963
Notifications Received— <i>less Duplicates</i> —			
Total	21,327	23,083	23,363
Live-births	20,932	22,654	22,899
Still-births	395	429	464
Per cent. Still-births to Total	1·9	1·8	2·0
Medically attended—			
Births at Home	3,436	4,860	5,704
Births in Nursing Home	199	314	318
In Institutions	17,259	17,413	16,614
Total	20,894	22,587	22,636
Per cent.	98	98	97
Still-births at Home	24	48	43
Still-births in Nursing Home	—	—	6
Still-births in Institutions	369	376	411
Not Medically attended—			
Maternity Hospital, Outdoor Nurse	—	—	—
Certified Midwives in Nursing Home	304	369	522
Certified Midwives in Private Practice	—	—	1
Municipal Midwives	127	118	203
Others	2	9	1
Total	433	496	727
Per cent.	2	2	3
Still-births	2	5	4

TABLE XIII.—GLASGOW, 1965 and 1964.—CASES OF INFECTIOUS DISEASES REGISTERED AND NUMBERS OF THESE TREATED IN FEVER HOSPITALS, &C.

	1965				1964			
	Fever Hosp.	Other Institutions	Home	Total	Fever Hosp.	Other Institutions	Home	Total
<i>A. Notifiable—</i>								
Anthrax	2	—	—	2	—	—	—	—
Cerebrospinal Fever ...	28	8	2	38	31	10	3	44
Continued Fever ...	20	1	2	23	18	1	1	20
Diphtheria	—	—	—	—	—	—	—	—
Dysentery	1,045	64	995	2,104	1,317	150	1,117	2,584
Encephalitis Lethargica	—	—	—	—	—	—	—	—
Erysipelas	19	—	10	29	22	—	16	38
Food Poisoning	43	6	163	212	67	7	399	473
Infective Jaundice*	—	1	—	1	1	—	—	1
Leprosy	—	—	—	—	—	—	—	—
Malaria	4	—	—	4	2	—	—	2
Ophthalmia Neonatorum	9	2	5	16	20	3	2	25
Pneumonia—								
Acute Influenzal ...	1	3	1	5	2	4	4	10
Acute Primary ...	1,391	497	233	2,121	1,529	484	210	2,223
Polio-Encephalitis, Acute	—	—	—	—	—	—	—	—
Poliomyelitis—								
Paralytic	—	—	—	—	—	—	—	—
Non-paralytic ...	—	—	—	—	—	—	—	—
Puerperal Fever† ...	—	132	6	138	1	135	—	136
Puerperal Pyrexia† ...	—	60	5	65	2	39	2	43
Scarlet Fever	52	3	185	240	95	2	256	353
Smallpox	—	—	—	—	—	—	—	—
Trachoma	—	—	2	2	—	—	2	2
Tuberculosis—								
Pulmonary	456	—	265	721	450	—	364	814
Other forms	34	—	70	104	58	—	77	135
Typhoid Fever (and Paratyphoid B)	39	—	2	41	35	1	16	52
Whooping Cough ...	76	—	383	459	116	—	635	751
<i>B. Not Notifiable—</i>								
Chickenpox	98	2	2,331	2,431	170	6	3,071	3,247
Gastro-enteritis	281	77	44	402	338	102	30	470
German Measles	7	—	28	35	47	1	197	245
Measles	178	5	1,149	1,332	326	4	1,987	2,317
Others	‡87	§1	67	155	127	4	117	248
	3,870	862	5,948	10,680	4,774	953	8,506	14,233
Notified but diagnosis altered to Non Infectious Disease	1,984	—	—	1,984	2,261	—	—	2,261
	5,854	862	5,948	12,664	7,035	953	8,506	16,494

Where patients suffer from two or more diseases, each disease is reckoned as a case.

Apart from cases of pneumonia admitted to General Hospitals and other Institution in times of pressure; cases of puerperal fever, puerperal pyrexia, and ophthalmia neonatorum occurring in other than Fever Hospitals and allowed to remain; and cases of trachoma treated in Stobhill Hospital; the cases shown under the headings "Other Institutions" are for the most part, accidental.

* Weil's Disease.

† Includes cases treated in Robroyston Hospital.

‡ Includes 4 Paratyphoid carriers.

§ 1 Paratyphoid carrier.

	MONTH												YEAR	
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Hosp.	Home
Enteric, including Paratyphoid Fever	2	2	1	—	1	2	3	26	2	1	1	—	39	2
Continued and Undefined Fever ...	—	—	3	3	—	—	2	6	1	2	5	1	21	2
Puerperal Fever ...	5	10	13	20	18	14	9	13	18	9	7	2	132	6
Puerperal Pyrexia ...	4	6	5	5	8	3	1	4	5	8	10	6	60	5
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	21	21	21	19	27	18	7	2	24	28	34	18	55	185
Diphtheria and Membranous Group	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	2	5	5	1	3	1	3	2	—	3	2	2	19	10
Cerebro-spinal Fever ...	8	3	5	4	2	4	4	1	1	1	2	3	36	2
Ophthalmia Neonatorum ...	—	2	—	1	—	—	1	4	4	2	1	1	11	5
Trachoma ...	—	—	—	—	—	—	—	—	1	—	—	—	—	2
Acute and Chronic Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Primary Pneumonia ...	237	242	271	185	166	117	104	79	103	129	208	280	1,888	233
Acute Influenzal Pneumonia ...	2	2	1	—	—	—	—	—	—	—	—	—	4	1
Malaria ...	—	1	—	—	1	—	1	—	1	—	—	—	4	—
Dysentery ...	198	210	179	152	134	201	104	147	236	208	176	159	1,109	995
Pulmonary Tuberculosis ...	46	81	73	59	64	58	61	67	62	62	36	52	456	265
Other Forms of Tuberculosis ...	4	8	9	9	6	13	7	7	8	13	11	9	34	70
Measles ...	345	287	310	145	118	71	16	5	6	10	13	6	183	1,149
German Measles ...	—	6	7	—	14	3	1	—	1	—	2	1	7	28
Whooping Cough ...	56	47	34	32	30	31	15	46	67	33	41	27	76	383
Chickenpox ...	335	331	563	274	334	181	4	14	50	100	135	110	100	2,331
Food Poisoning ...	11	26	16	11	14	6	9	22	22	23	43	9	49	163
Gastro Enteritis ...	33	36	45	24	33	34	26	27	46	30	39	29	358	44
Total ...	1,309	1,326	1,561	944	973	757	378	472	658	662	766	716	10,522	—
Hospital ...	437	438	502	380	380	328	276	310	382	369	409	430	4,641	—
Home ...	872	888	1,059	564	593	429	102	162	276	293	357	286	—	5,881

*Others
Altered Diagnosis* { Mumps, 15 ; Infective Hepatitis, 135 ; Anthrax, 2 ;
Paratyphoid Carriers, 5 ; Weil's Disease, 1.* 91
1,984
6,716
5,948

TABLE XV.
OPERATIONS OF SANITARY SECTION, 1965.

	Central	North- ern	Eastern	South- Eastern	South- Western	City	
						1965	1964
1. General							
Nuisances and defects removed or remedied	18,509	13,139	12,066	4,482	10,487	58,683	51,466
Consisting of—							
Apartments, Lobbies, or W.C.'s, with insufficient light or ventilation, or otherwise defective in construction	—	—	—	—	—	—	—
Defective Chimneys causing nuisance	17	45	6	19	25	112	14
Disrepair or dampness in Dwelling-houses	2,064	1,657	877	436	1,024	6,058	5,566
Offensive smells from Drains, or other reasonable grounds—smoke test	2	—	—	—	1	3	1
Drains, Conductors, Soil-pipes, or Rones choked or defective ...	5,873	6,383	7,216	2,776	4,967	27,215	26,700
Sanitary Fittings choked or defective	377	818	750	344	432	2,721	2,566
Dirty Houses and Bedding ...	5	25	137	1	7	175	37
Dirty Closes, Stairs, etc. (daily and bi-weekly cleaning) ...	377	373	43	6	63	862	83
Common passages, stairs or staircases not in a cleanly state (limewashing or painting) ...	830	639	518	144	846	2,977	4,088
Animals or Poultry kept so as to be a nuisance	4	6	—	1	—	11	1
Accumulation of Garbage or Rubbish	548	376	52	91	126	1,193	1,077
Noise Nuisances—Number dealt with	11	1	4	7	4	27	3
Samples of Water etc., for analysis	120	676	44	118	76	1,034	1,255
Other Irregularities	466	583	283	—	2,129	3,461	2,798
Reports to Master of Works ...	2,109	646	1,134	156	664	4,709	4,211
" Superintendent of Cleansing ...	4,900	42	12	—	2	4,956	18
" Water Engineer ...	937	674	1,038	369	201	3,219	2,888
Prosecutions—Sheriff Court ...	130	47	4	7	6	194	8
" Police Court ...	—	8	—	—	1	9	1
Number Successful	80	30	4	7	3	124	6
2. Drain Testing.							
Number of Applications (Dean of Guild)	431	443	375	2,314	437	4,000	3,411
Number of Tests to old tenement drains	—	4	—	6	—	10	2
Number of Consultations re drainage scheme	1,173	455	247	508	277	2,660	3,333

TABLE XV—Continued.

OPERATIONS OF SANITARY SECTION—Continued.

	Central	North- ern	Eastern	South- Eastern	South- Western	City	
						1965	1964
3. Common Lodging Houses.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	5	1	2	—	1	9	9
With accommodation for ...	619	280	467	—	121	1,487	1,809
Number of irregularities ...	25	1	13	—	—	39	9
Number of prosecutions ...	—	—	—	—	—	—	—
4. Boarding Houses for Emigrants and Seamen.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	1	—	—	—	—	1	1
With accommodation for ...	50	—	—	—	—	50	50
Number of irregularities ...	—	—	—	—	—	—	—
Number of prosecutions ...	—	—	—	—	—	—	—
5. Farmed-out Houses and Houses Let-in-Lodgings.							
Number measured and registered	—	3	7	33	—	43	3
Total number now on register ...	—	6	17	8	—	31	13
Number of irregularities ...	—	—	—	—	—	—	—
Number of prosecutions ...	—	—	—	—	—	—	—
6. Caravan Sites.							
Number of Sites licensed during the year ...	—	—	—	—	—	—	1
Number on Register ...	—	7	9	3	—	19	13
Number of Vans accommodated	—	133	130	7	—	270	236
Number of irregularities found ...	—	—	17	3	—	20	7
Number of prosecutions ...	—	—	—	—	—	—	—
7. Rodent Control.							
Number of Premises infested ...	1,320	1,173	718	652	412	4,275	3,816
Number of Premises Proofed ...	63	79	45	21	45	253	343

TABLE XV—Continued.

OPERATIONS OF SANITARY SECTION—Continued.

	Central	North- ern	Eastern	South- Eastern	South- Western	City	
						1965	1964
8. Mech. Bakehouses.							
Number measured and registered	—	—	1	—	—	1	2
Total number now on register ...	29	35	35	55	22	176	180
Number dirty	3	4	—	—	—	7	5
Number with sanitary conven- ience defective in light or ven- tilation	1	—	1	—	—	2	2
Number with sanitary convenience required	—	—	—	—	—	—	—
Number with sanitary fittings choked or defective	—	—	3	—	—	3	1
Number of other nuisances ...	2	12	—	—	—	14	6
Number of prosecutions	—	—	—	—	—	—	—
9. Non. Mech. Bakehouses.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	—	2	—	11	—	13	15
Number dirty	—	—	—	—	—	—	—
Number overcrowded	—	—	—	—	—	—	—
Number with sanitary conven- ience defective in light or ven- tilation	—	—	—	—	—	—	—
Number with sanitary conveniences required	—	—	—	—	—	—	—
Number with sanitary fittings choked or defective	—	—	—	—	—	—	—
Number of other nuisances ...	—	—	—	—	—	—	—
Number of prosecutions	—	—	—	—	—	—	—
10. Mech. Factories.							
Number registered	53	14	9	7	25	108	302
Total number now on register ...	1,227	444	624	429	442	3,166	3,423
Number dirty	74	79	1	—	30	184	319
Number with sanitary conven- iences defective in light or ven- tilation	100	12	15	10	30	167	393
Number with sanitary fittings choked or defective	67	34	18	—	43	162	371
Number of prosecutions	—	—	—	—	—	—	—
Number of other nuisances ...	167	54	36	29	42	328	595

TABLE XV—Continued.
OPERATIONS OF SANITARY SECTION—Continued.

	Central	North- ern	Eastern	South- Eastern	South- Western	City	
						1965	1964
11. Non-Mech. Factories.							
Number registered	1	—	1	—	—	2	8
Total number now on register ...	67	10	79	70	37	263	287
Number dirty	5	2	1	2	—	10	16
Number overcrowded	—	—	—	—	—	—	—
Number with sanitary conven- iences defective in light or ven- tilation	1	—	3	1	—	5	13
Number with sanitary fittings choked or defective	—	—	2	—	1	3	15
Number of other nuisances	5	—	7	7	1	20	14
Number of prosecutions	—	—	—	—	—	—	—
14. Offices, Shops and Railway Premises.							
Number now on register—	5,899	1,356	1,662	1,720	1,414	12,051	10,948
(a) Offices	3,302	237	349	384	327	4,599	4,324
(b) Shops (retail)	1,776	857	1,027	1,128	866	5,649	4,973
(c) Wholesale Department or Warehouse	441	55	94	59	57	706	640
(d) Catering Establishment	870	198	190	154	162	1,074	989
(e) Staff Canteen	7	15	—	—	1	13	12
(f) Fuel Storage Depot	3	4	2	—	11	10	10
Number of General Inspections	266	500	504	865	840	2,975	1,698
Number of other visits	1,369	141	986	1,578	1,281	5,355	—
15. Homeworkers' Dwellings.							
Total number now on register	7	2	9	2	8	28	31
Number found dirty	—	—	—	—	—	—	—
16. Bothies, Chaumers.							
Number occupied	—	—	—	—	—	—	—
Number unsatisfactory	—	—	—	—	—	—	—
Number of nuisances	—	—	—	—	—	—	—
18. Piggeries.							
Total number now on register	6	7	8	2	—	3	24
Contravention of Byelaws	—	3	6	—	—	9	8
Number of nuisances	—	2	6	—	—	8	8
Number of prosecutions	—	—	—	—	—	—	—

TABLE XV—Continued.

OPERATIONS OF SANITARY SECTION—Continued

	Central	North- ern	Eastern	South- Eastern	South- Western	City	
						1965	1966
19. Offensive Trades.							
Total number now on register ...	2	5	37	—	—	44	44
Number of irregularities ...	—	2	29	—	—	31	22
Number of prosecutions ...	—	—	—	—	—	—	—
20. Rag Flock.							
Total number now on register ...	14	7	17	14	9	61	69
Number licensed ...	2	1	3	4	—	10	10
Samples submitted for analysis ...	—	—	—	—	—	—	1
Certified not to conform to standard ...	—	—	—	—	—	—	—
Number of prosecutions ...	—	—	—	—	—	—	—
Number of Irregularities ...	—	—	—	—	—	—	—
21. Broker's Premises.							
Total Number registered ...	7	15	20	6	4	52	54
Number dirty ...	—	—	—	—	—	—	2
Number of other nuisances ...	—	3	11	—	—	14	8
24. Food Premises							
Number in Division ...	1,074	792	979	710	680	4,235	4,245
Number of Premises visited ...	399	265	45	229	580	1,518	1,696
Number defective in light and ventilation ...	5	2	—	17	20	44	122
Number sanitary conveniences defective or required ...	139	4	2	12	57	214	55
Washing facilities required ...	92	9	21	106	64	292	271
Lack of personal cleanliness in foodhandlers and dirty equip- ment ...	353	33	12	10	109	517	540
Number of Other Nuisances ...	88	69	—	13	13	183	764
Number of Irregularities ...	861	148	—	173	148	1,330	2,449

TABLE XV—Continued.

OPERATIONS OF SANITARY SECTION—Continued.

	Central	North- ern	Eastern	South- Eastern	South- Western	City	
						1965	1964
29. Work of Public Health Nurses.							
(a) Verminous Children.							
Number of visits to schools ...	183	176	679	56	94	1,188	1,112
Number of children submitted for inspection	10,028	18,137	59,827	4,279	5,879	98,150	96,363
Number of children found with major infestation ...	91	2	328	52	—	473	334
Number of children found with minor infestation ...	1,805	3,313	5,604	183	559	11,464	10,675
Number of children found with fleas	—	5	4	—	5	14	19
Number of children found dirty	—	90	1,095	8	372	1,565	1,940
Number of written notices ...	2	6	489	33	—	530	268
Number of children cleaned by guardians	188	798	5,849	4	602	7,441	7,516
Number of children cleaned by officers	32	—	118	29	—	179	158
Number of children re-inspected	4,254	3,180	16,427	275	2,091	26,227	25,110
(b) Homes of Verminous Children.							
Number of houses inspected ...	234	633	2,713	52	257	3,889	4,339
Number of houses found dirty	—	—	—	—	—	—	52
Number of houses with dirty bedding	—	—	—	—	—	—	26
Number of written notices ...	—	—	—	—	—	—	84
Number of re-inspections ...	155	21	1,167	—	—	1,343	1,211
Number of houses cleaned ...	—	—	—	—	—	—	47
Number of bedding cleaned ...	—	—	—	—	—	—	24
(c) Other							
Care of old people	7,747	10,080	5,425	4,330	6,654	34,236	28,889

TABLE XV—Continued.

OPERATIONS OF SANITARY SECTION—Continued.

	Central	North- ern	Eastern	South- Eastern	South- Western	City	
						1965	1964
30. Work of Housing Health Visitors.							
Houses other than Corporation Houses—							
Number of houses visited ...	—	32	37	198	—	267	62
Number of houses found dirty	—	2	26	60	—	88	1
Number of houses with dirty bedding	—	1	12	—	—	13	1
Number of houses—Written notices	—	—	34	—	—	34	17
Number of houses—Re-visits ...	—	10	67	198	—	275	18
Number of houses found cleaned	—	1	23	60	—	83	2
Number of houses—Bedding found cleaned	—	—	7	—	—	7	1
Corporation Houses—							
(a) Re-housing Scheme Visitation.							
Number of visits (See page 299 for details)	467	13,738	19,940	1,025	1,125	36,295	37,035
(b) Intermediate Housing Scheme Visitation.							
Number of houses visited ...	460	241	9	221	21	952	678
Number of houses found clean	337	84	8	—	18	447	274
Number of houses found fair ...	126	140	1	—	3	270	400
Number of houses dirty ...	—	11	—	8	—	19	5
Number of houses with dirty bedding	—	—	—	—	—	—	—
Number of written notices ...	—	—	—	—	—	—	2
Number of re-visits	225	93	1	—	6	325	778
Number of houses found cleaned	—	—	—	8	—	8	2
Number of bedding found cleaned	—	—	—	—	—	—	—
(c) Ordinary Housing Visitation							
Number of houses visited ...	623	32	4,242	17	6	4,920	6,447
Number of houses found clean	622	6	3,402	4	5	4,039	5,693
Number of houses found fair ...	1	10	836	13	1	861	742
Number of houses found dirty	—	—	4	—	—	4	12
Number of written notices ...	—	—	4	—	—	4	19
Number of re-visits	—	—	177	13	—	190	1,019
Number of houses found cleaned	—	—	8	13	—	21	18

TABLE XVI.—GLASGOW.—POPULATION; BIRTHS AND DEATHS; BIRTH-RATES AND DEATH-RATES PER 1,000; ALSO DEATHS UNDER 1 YEAR, AND DEATH-RATES PER 1,000 BIRTHS SINCE 1911.

Year	Population	Births	Deaths	Birth-rate per 1,000	Death-rate per 1,000	Deaths under 1 Year	
						Number	Rate per 1,000 Births
1911	784,680	21,755	13,899	27·7	17·7	3,016	139
1912	785,600	22,044	13,797	28·1	17·6	2,740	124
1913†	1,021,789*	28,688	17,693	28·1	17·3	3,706	129
1914	1,028,440	29,462	17,522	28·6	17·0	3,913	133
1915	1,035,091	27,943	20,159	27·0	19·5	4,007	143
1916	1,041,742	27,094	16,601	26·0	15·9	2,996	111
1917	1,048,393	24,030	16,691	22·9	15·9	3,089	129
1918	1,055,044	23,524	18,362	22·3	17·4	2,660	113
1919	1,061,695	25,835	18,237	24·3	17·2	2,937	114
1920	1,068,346	32,626	16,765	31·5	15·7	3,477	107
1921	1,075,000	29,712	15,625	27·6	14·5	3,138	106
1926	1,090,380*	24,541	15,731	22·7	14·6	2,548	104
1931	1,088,461	22,926	15,505	21·1	14·2	2,397	105
1932	1,088,215†	22,732	16,071	20·9	14·8	2,542	112
1936	1,087,230	22,273	16,406	20·5	15·1	2,429	109
1937	1,086,984	22,176	16,379	20·4	15·1	2,313	104
1938	1,092,968*	21,979	15,016	20·1	13·7	1,919	87
1939	1,092,722	21,682	15,010	19·8	13·7	1,737	80
1940	1,092,476	20,965	17,603	19·2	16·1	1,983	95
1941	1,092,229	20,365	16,301	18·6	14·9	2,267	111
1942	1,091,983	20,615	14,679	18·9	13·4	1,863	90
1943	1,091,737	22,363	14,824	20·5	13·6	1,825	82
1944	1,091,491	22,203	14,603	20·3	13·4	2,108	95
1945	1,091,245	20,294	13,941	18·6	12·8	1,379	68
1946	1,090,998	23,560	14,502	21·6	13·3	1,588	67
1947	1,090,752	25,829	15,266	23·7	14·0	1,989	77
1948	1,090,506	22,292	13,620	20·4	12·5	1,241	56
1949	1,090,260	20,923	14,203	19·2	13·0	1,033	49
1950	1,090,013	20,031	14,090	18·4	12·9	879	44
1951	1,089,767	20,091	14,312	18·4	13·1	922	46
1952	1,086,202	20,337	13,841	18·7	12·7	831	41
1953	1,082,796	20,232	12,827	18·7	11·8	723	36
1954	1,079,311	20,977	12,750	19·4	11·8	736	35
1955	1,075,825	21,023	13,275	19·5	12·3	765	36
1956	1,072,340	21,885	13,194	20·4	12·3	720	33
1957	1,068,855	22,413	13,177	21·0	12·3	774	35
1958	1,065,369	22,760	13,454	21·4	12·6	800	35
1959	1,061,884	22,598	13,536	21·3	12·7	799	35
1960	1,058,398	23,092	13,037	21·8	12·3	743	32
1961	1,053,100	22,842	13,368	21·7	12·7	703	31
1962	1,044,500	23,491	13,224	22·5	12·7	762	32
1963	1,029,147	22,618	13,717	22·0	13·3	722	32
1964	1,018,582 ^a	22,405	12,277	22·0	12·1	642	29
1965	1,000,857 ^a	20,846	12,761	20·8	12·7	586	28

* Extended City. † Births and Deaths from 1913 are corrected for transfers.

† Intercensal populations and rates in the years 1932 to 1950 inclusive were revised in 1951 and those for 1952 to 1960 in 1961.

^a Midyear.

APPENDIX B.—TABLE I.

STATEMENT OF CASES TREATED IN EACH OF THE THREE FEVER HOSPITALS BASED ON DISMISSALS AND DEATHS FOR YEAR 1965.

	Admitted		Dismissed		Died		Mortality Per cent.	Average Residence		Altered Diagnosis	Ruchill		Belvidere		Knightswood		Total Days' Residence		
	Males	Females	Males	Females	Males	Females		Dis-Missals	Deaths		Dis-Missals	Deaths	Dis-Missals	Deaths	Dis-Missals	Deaths	Dis-Missals	Deaths	Dis-Missals	Deaths
Anthrax	2	—	2	—	—	—	—	41	—	—	2	—	—	—	—	—	—	82	—
Cerebral Spinal Fever	18	13	16	10	1	—	3.2	19	87	—	19	1	—	—	—	—	—	500	1
Chickenpox	55	46	60	47	—	—	—	15	15	—	47	—	—	—	—	—	—	1,618	—
Continued and Undefined Fever	17	11	17	10	—	—	—	13	120	—	7	—	—	—	—	—	—	356	—
Diphtheria and Mem. Croup	—	—	—	—	—	—	—	—	29	—	—	—	—	—	—	—	—	—	—
Dysentery	524	550	522	560	1	1	0.2	17	773	—	415	1	667	1	—	—	—	18,063	4
Encephalitis Lethargica	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	12	8	12	8	—	—	—	21	7	—	9	—	—	—	—	—	—	418	—
Food Poisoning	24	26	22	28	—	—	—	23	24	—	28	—	—	—	—	—	—	1,163	—
Gastro Enteritis	170	145	165	148	4	1	1.6	15	438	—	95	1	218	4	—	—	—	5,147	113
German Measles	5	2	5	2	—	—	—	8	9	—	7	—	—	—	—	—	—	57	—
Impetigo	3	2	4	4	—	—	—	18	4	—	4	—	—	—	—	—	—	112	—
Influenza	10	7	10	7	—	—	—	12	1	—	6	—	—	—	—	—	—	202	—
Leprosy	1	—	1	—	—	—	—	13	—	—	—	—	—	—	—	—	—	13	—
Malaria	4	—	4	—	—	—	—	5	—	—	—	—	—	—	—	—	—	20	—
Measles	103	92	113	101	—	—	—	16	47	—	147	—	67	—	—	—	—	3,443	—
Mumps	14	18	13	17	—	—	—	11	9	—	15	—	15	—	—	—	—	334	—
Ophthalmia Neonatorum	6	6	6	6	—	—	—	13	2	—	—	—	—	—	—	—	—	156	—
Paratyphoid Fever	19	25	24	24	—	—	—	22	11	—	33	—	15	—	—	—	—	1,076	—
Pomphigus Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-myelitis, Acute	2	—	2	—	—	—	—	490	6	—	—	—	2	—	—	—	—	981	—
Pneumonia, Acute Influenzal	1	1	1	1	—	—	—	32	5	—	2	—	—	—	—	—	—	64	—
Pneumonia, Acute Primary	875	603	829	545	54	45	6.7	21	1,018	—	453	56	868	39	53	4	—	28,349	1,091
Puerperal Fever	—	—	—	—	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	34	26	35	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trachoma	74	20	68	18	7	3	10.6	51	12	—	23	6	24	2	39	2	—	4,626	155
Tuberculosis, Pulmonary	8	3	7	2	3	—	27.2	77	28	—	2	1	—	—	—	—	—	688	85
Tuberculosis, Non-Pulmonary	27	22	29	21	2	—	3.1	24	24	—	21	—	29	2	—	—	—	1,179	48
Veneral Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Well's Disease	38	42	38	39	—	—	—	24	23	—	29	—	48	—	—	—	—	1,864	—
Whooping Cough	14	7	11	7	—	—	—	8	1	—	6	—	15	—	—	—	—	161	—
Babies with Mothers	1	7	1	7	—	—	—	8	—	—	—	—	—	—	—	—	—	68	—
Unclassified (Staff)	67	55	67	54	—	—	—	9	—	—	36	—	84	—	—	—	—	1,062	—
No apparent Disease	1,983*	1,251†	1,793‡	1,179§	196	64	8.0	19	194	—	1,602||	100	1,140||	109	176	51	—	57,581	7,171
Others	—	—	—	—	—	—	—	28	—	—	—	—	—	—	—	—	—	—	—
Total	4,121	2,988	3,890	2,870	269	114	5.4	19	2,856	—	3,007	168	3,385	158	268	58	—	1,30,013	8,668
Physios	740	455	608	383	133	65	10.0	50	51	—	747	157	714	41	—	—	—	58,350	10,041

FEVER HOSPITALS. DEATHS FROM CERTAIN CAUSES, ACCORDING TO SEX AND AGE, FOR THE YEAR 1965.

	MALES										FEMALES										Total						
	-1	-2	-5	-10	-15	-20	-25	-35	-45	-55	-65	65+	Total	-1	-2	-5	-10	-15	-20	-25		-35	-45	-55	-65	65+	Total
Cerebrospinal Fever ...			1																								
Chickenpox ...																											
Dysentery ...													1														1
Enteric Fever ...																											
Erysipelas ...																											
Food Poisoning ...																											
Gastro-enteritis ...	3		1																								1
Influenza ...																											
Malaria ...																											
Measles ...																											
Paratyphoid B. ...																											
Pneumonia, Primary ...	3	1	1					2				5	42	54	4		1	1				2	1	5	31	45	
Pneumonia, Influenzal ...																											
Polomyelitis ...																											
Puerperal Pyrexia ...																											
Scarlet Fever ...																											
Tuberculosis Pul. ...													3	7													
Tuberculosis Non-Pul. ...				1	1									3											2	3	
Veneral Disease ...																											
Wells' Disease ...																											
Whooping Cough ...																											
Others ...	8			2	1	2		3	10	18	61	91	196	8			2			1	1	2	3	10	37	64	
Total ...	14	1	3	3	2	2		3	12	19	71	138	268	14		1	3			1	1	4	5	15	70	114	
Phthisis ...								1	4	21	42	65	133								3	5	14	20	23	65	

APPENDIX B.—TABLE III.
 FEVER HOSPITALS. DISMISSALS AND DEATHS ACCORDING TO SEX AND AGE, FOR THE YEAR 1965.

	MALES										FEMALES													
	-1	-2	-5	-10	-15	-20	-25	-35	-45	-55	-1	-2	-5	-10	-15	-20	-25	-35	-45	-55	Total	65+	-65	
Anthrax																								
Cerebrospinal Fever	7	3	4	1		1																		
Chickenpox	5	4	26	14	3		3																	
Continued and Undefined Fever		2	1	4	1	3																		
Diphtheria and Mem.																								
Group	88	96	211	75	16	5	4	5	7	3	4	9	523	67	104	170	77	24	11	10	24	24	561	
Dysentery																								
Encephalitis Lethargica																								
Enteric Fever																								
Erysipelas																								
Food Poisoning	3	2	4	3	3	1	1	2	1	1	1	1	12	4	3	6	1	2	1	1	1	4	8	
Gastro Enteritis	135	21	12	1	1	1	1	1	1	1	1	1	169	113	11	10	2	2	3	3	2	2	28	
German Measles																								
Impetigo	2		1	1	1	1	3	2	1	1	1	1	6		1	1	1						149	
Influenza																								2
Leprosy																								2
Malaria																								2
Measles	13	27	59	11	1	1	1	3	1	1	1	1	113	14	33	42	7	2					101	
Mumps		1	2	3	1	1	2	3	1	1	1	1	13		1	8	4	2					17	
Ophthalmia																								6
Neonatorum	6																							24
Paratyphoid Fever	3	4	5																					6
Pemphigus/Neonatorum																								6
Poliomyelitis, Acute																								24
Pneumonia, Acute																								
Influenza																								1
Pneumonia, Acute																								1
Primary	259	76	110	45	13	16	12	23	34	61	89	145	883	186	48	67	26	19	27	20	45	123	590	
Scarlet Fever	2	1	16	12	3	1																		
Trachoma																								
Tuberculosis, Pul.																								
Veneral Diseases, Non-Pul.																								
Weil's Disease																								
Whooping Cough	22	7	8	1																				39
Babies with Mothers	14																							7
Unclassified (Staff)	20	10	3	7	3	1	6	2	1	4	5	3	67	14	2	11	4	4	3	1	2	2	7	
No apparent Disease	363	159	*229	138	56	53	39	66	77	*150	312	347	1,989	293	114	*152	89	61	49	70	88	188	1,243	
Others	943	414	693	320	103	80	86	130	144	248	443	538	4,148	738	334	510	240	125	99	115	159	352	2,984	
Total																								
Probable																								